

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L98000001708

1. Entity Name

SKY SAT TELECOMMUNICATIONS GROUP, L.C.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 JUL 10 AM 9:25

742063

Principal Place of Business
2520 S.W. 22 St.
Suite 2 - 380
Miami, Fl. 33145

Mailing Address
1101 BRICKELL AVENUE
Suite 800
Miami, Fl. 33131

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

4. FEI Number
65- 0866029

Applied For
Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
PORRAS SERGIO
1101 BRICKELL AVENUE
SUITE 800
Miami, Fl. 33131

7. Name and Address of New Registered Agent
Name ELISEO RUIZ
Street Address (P.O. Box Number is Not Acceptable)
2520 S.W. 22 Street
Suite 2 - 380
City Miami, FL Zip Code 33145

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when relevant)

DATE

7/7/00

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LUIS TRUJILLO 2520 S.W. 22 St. Suite 2 - 380 Miami, Fl. 33145	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LARISA ESCALERA 2520 S.W. 22 St. Suite 2 -380 Miami, Fl. 33145	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM OLEG DIDENKO 2520 S.W. 22 St. Suite 2 - 380 Miami, Fl. 33145	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	100003327201--3 -07/19/00--01018--011 *****50.00 *****50.00	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(c) Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes, and that my name appears in Block 10 or Block 11 as changed, or on an attachment with an address, with all power like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/00

Date

Business Phone #