

2001 UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # L98000001708

FILED

1. Entity Name
SKY SAT TELECOMMUNICATIONS GROUP L.C.

01 MAY -3 PM 1:21

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

Principal Place of Business
**2520 S.W. 22ND ST., STE. #2 - 380
MIAMI FL 33145**

Mailing Address
**1101 BRICKELL AVENUE
SUITE 800
MIAMI FL 33131**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 65-0866029	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**RUIZ, ELISEO
2520 S.W. 22ND STREET
SUITE 2 - 380
MIAMI FL 33145**

Name
Street Address (P.O. Box Number is Not Acceptable)
City
State FL Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State**

9. MANAGING MEMBERS/MEMBERS		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DIDENDO, OLEG 2520 S.W. 22ND ST., STE. #2 - 380 MIAMI FL 33145	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ESCALERA, LARISA 6555 NW 36 STREET, SUITE 104 MIAMI FL 33166	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DIDENKO, OLEG 6555 NW 36 STREET, SUITE 104 MIAMI FL 33166	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>

10. ADDITIONS/CHANGES		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	700004335077--9 -05/31/01--01005--002 *****50 00 *****50 00	<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: *E. Ruiz* Date: 4/23/01 Daytime Phone #: 305-577-8589

CR2E083 (11/00)