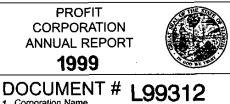
PROFIT CORPORATION ANNUAL REPORT

1999

1. Corporation Name



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Apr 21, 1999 8:00 am Secretary of State 04-21-1999 90122 003 ***150.00

LANSAT COMMUNICATIONS INC.	,				
Principal Place of Business Mailing Address		3 1000/1011 DIO 101/10 101/00 HTG1 HTG1 DIGHT DIGHT DIGHT GIGHT GIGHT GIGHT GAN JAGHT 1001			
5200 N. OCEAN DRIVE #18B	5200 N. OCEAN DRIVE #188	DO NOT WRITE IN THIS SPACE			
SINGER ISLAND FL 33404	SINGER ISLAND FL 33404	3. Date Incorporated or Qualifed 09/12/1990			
2. Principal Place of Business	2a. Mailing Address	4. FEI Number Applied For			
21	26	65-0216798 Not Applicable			
Suite, Apt. #, etc. Suite, Apt. #, etc. 27		5. Certifcate of Status Desired \$8.75 Additional Fee Required			
City & State	City & State	← 6: Election Campaign Financing Trust Fund Contribution			
Zip Country 24 25	Zip Country 29 30	8. This corporation owes the current year Intangible Personal Property Tax. Yes No			
g. Name and Address of Curi		10. Name and Address of New Registered Agent			

COOKE, BRIAN J. ESQUI 515 N. FLAGLER DRIVE **STE 600** WEST PALM BEACH FL 33401

	10. Name and Address of N	ew Registered Agent
81	Name	
82	Street Address (P.O. Box Number is Not Acc	ceptable)
83		•
84	City	FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

agent. I ai	ii lailillai witii, and accept the congation	13 01, 0000011 001.0000, 1 10110.	a Cididico.					
SIGNATURE	Signature, typed or printed name of registered agent ar	od title if applicable (NOTE: Re	gistered Agent signature requ	rired when reinstating)	DATE		— Ì	
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	D	☐ DELETE	1.1 TITLE			☐ Change	Addition	
NAME	LANSAT, PAUL		1.2 NAME					
STREET ADDRESS	5200 N. OCEAN DR., #18B		1.3 STREET ADDRESS					
CITY-ST-ZIP	SINGER ISLAND FL		1.4 CITY-ST-ZIP				}	
TITLE	DP	☐ DELETE	2.1 TITLE			Change	Addition	
NAME	LANSAT, RENEE		22 NAME					
	-		2.3 STREET ADDRESS					
STREET ADDRESS	5200 N. OCEAN DR #188		2. 4 CITY-ST-ZIP					
CITY-ST-ZIP TITLE	SINGER ISLAND FL	☐ DELETE	3.1 TITLE		-	☐ Change	Addition	
	•	~	3.2 NAME			-		
NAME			3.3 STREET ADDRESS					
STREET ADDRESS								
CITY-ST-ZIP		☐ DELETE	3.4. CITY-ST-ZIP			Change	Addition	
TITLE)	·							
NAME			4. 2 NAME					
STREET ADDRESS			4.3 STREET ADDRESS					
CITY-ST-ZIP			4.4 CITY-ST-ZIP			[7] Channa	Addition	
TITLE		☐ DELETE	5.1 TITLE			Change	☐ Addition	
NAME			5.2 NAME	•	•			
STREET ADDRESS	•		5.3 STREET ADDRESS		•			
CITY-ST-ZIP			5.4 CiTY-ST-ZIP					
πιLE		☐ DELETE	6.1 TITLE			Change	☐ Addition	
NAME			6.2 NAME					
STREET ADDRESS			6.3 STREET ADDRESS					
CITY, ST. 7IP			6.4 CITY-ST-ZIP					

14. 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 annual report or supplemental annual 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: