2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

L99312 DOCUMENT

1. Entity Name

LANSAT COMMUNICATIONS INC.



FILED Feb 14, 2003 8:00 am Secretary of State 02-14-2003 90194 010 ***150.00

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Sure, Apt. #, ofc. Suite, Apt. #, etc. GHECK HERE F MAKING CHANGES Sure, Apt. #, ofc. Suite, Apt. #, etc. GHECK HERE F MAKING CHANGES City & Suite City & State Application Applicatio	Principal Place of Business 5200 N. OCEAN DRIVE #18B SINGER ISLAND FL 33404		Mailing Address 5200 N. OCEAN DRIVE #18B SINGER ISLAND FL 33404						
City & State City & State City & State City & State Country Country Country S. Certificate of Status Desired \$5.70 Additional Fee Required To Name and Address of New Registrated Agent Street Address (P.O. Sox Number is Not Acceptable) City FL Zip Code City City City FL Zip Code City Ci	2. Principal Plac	ce of Business	3. Mailing Address	_					
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S. Name and Address of Current Registered Agent 8. Name and Address of New Registered Agent Name Name Name Street Address (P.O. Box Number is Nat Acceptable) City FL City FL Zip Code City FL Zip C	City & State		City & State	City & State		4. FEI Number 65-0216798		<u> </u>	
LANSAT, RENEE \$200 N OCEAN DR 18B \$INGER ISLAND FL 33404 6. The above named circly submits the statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, problems are registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, problems are registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obl	Zip Country		Zip Co		ry				
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I nereby certify that the information supplied with this filing does not quality for the exemption stated in Section 119.07(3)(i), 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 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE