

**2002 UNIFORM BUSINESS REPORT (UBR)****FILED**  
**Mar 25, 2002 8:00 am**  
**Secretary of State**

03-25-2002 90167 047 \*\*\*\*50.00

**DOCUMENT # M00000001135**

1. Entity Name

**ICSAT US LLC**

Principal Place of Business

**3350 SW 148TH AVE. #301  
MIRAMAR FL 33027**

Mailing Address

**3350 SW 148TH AVE. #301  
MIRAMAR FL 33027**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MYERS-SIMMONDS, CAROLYN P.A.  
4801 S. UNIVERSITY DR., STE. 3010  
FT LAUDERDALE FL 33328**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00  
Make Check Payable to Department of State  
Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE	<b>MGRM</b>	<input type="checkbox"/> Delete
NAME	<b>DETHAEY, LUC</b>	
STREET ADDRESS	<b>N.V. OCSAT PLANTIN &amp; MORETUSLEI 220</b>	
CITY-ST-ZIP	<b>2018 ANTWERPEN, BELGIUM</b>	

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Dethaey, Luc</b>	
STREET ADDRESS	<b>ICSAT NV, General Lemanstraat 27</b>	
CITY-ST-ZIP	<b>B-2018 Antwerpen Belgium</b>	

TITLE	<b>MGRM</b>	<input type="checkbox"/> Delete
NAME	<b>VERSTUYF, JANN</b>	
STREET ADDRESS	<b>N.V. OCSAT PLANTIN &amp; MORETUSLEI 220</b>	
CITY-ST-ZIP	<b>2018 ANTWERPEN, BELGIUM</b>	

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Verstuyf, Jann</b>	
STREET ADDRESS	<b>ICSAT NV, General Lemanstraat 27</b>	
CITY-ST-ZIP	<b>B-2018 Antwerpen Belgium</b>	

TITLE	<b>MGRM</b>	<input type="checkbox"/> Delete
NAME	<b>MCCLEARY, MICHAEL</b>	
STREET ADDRESS	<b>SALVADOR DE MADARIAGA 1</b>	
CITY-ST-ZIP	<b>28027 MADRID, SPAIN</b>	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<b>MGRM</b>	<input type="checkbox"/> Delete
NAME	<b>RODON, LINCOLN</b>	
STREET ADDRESS	<b>9250 N.W. 36TH STREET</b>	
CITY-ST-ZIP	<b>MIAMI FL 33178</b>	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<b>TS</b>	<input type="checkbox"/> Delete
NAME	<b>BAFNA, SAPAN</b>	
STREET ADDRESS	<b>3350 SW 148TH AVE. #301</b>	
CITY-ST-ZIP	<b>MIRAMAR FL 33027</b>	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

**SIGNATURE**  
**SAPAN BAFNA**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

03/15/02

Daytime Phone #

954-392-4775

CR2E083 (9/01)