FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB -9 AM 10:10

DOCUMENT # M66666 (2)

1. Corporation Name
SATELCAST, INC.

Principal Place of Business	Mailing Address
14222 SW 136 ST. MIAMI FL 33186	14222 SW 136 ST. MIAMI FL 33186

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 02/02/1988
3a. Date of Last Report: 03/18/1994

2. Principal Place of Business
21 2600 S.W. THIRD AVENUE
22 Suite 450
23 Miami, Florida
24 Zip 33129
25 Country U.S.A.

2a. Mailing Address
26 2600 S.W. THIRD AVE
27 Suite 450
28 Miami Florida
29 Zip 33129
30 Country USA.

4. FEI Number: 65-0033715 ☐ Applied For ☐ Not Applicable

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

6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

BEFELER, GOERGE ESQ.
MUSEUM TOWER, SUITE 2701
150 W. FLAGLER ST.
MIAMI FL 33130

10. Name and Address of New Registered Agent

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

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PSD	1.1 TITLE	☒ Change ☐ Addition
NAME	LINTEN, JOSEPH	1.2 NAME	
STREET ADDRESS	14222 SW 136TH ST.	1.3 STREET ADDRESS	2600 S.W. THIRD Avenue, Suite 450
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	Miami, Florida 33129
TITLE	VTD	2.1 TITLE	☒ Change ☐ Addition
NAME	LINDEN, DE PLA M	2.2 NAME	LINTEN, DE PLA M
STREET ADDRESS	1 MARIA DEL MOLINA	2.3 STREET ADDRESS	
CITY-ST-ZIP	MADRID ES	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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.

SIGNATURE: X [signature] FEB 01. 1995 (305) 365-9319
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0203036 CP