


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 21, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N00000006528</b>	
1. Entity Name <b>SOUTHEAST SATSLAB CONSORTIUM, INC.</b>	

Principal Place of Business <b>600 S. CLYDE MORRIS BLVD. DAYTONA BEACH, FL 32114</b>	Mailing Address <b>600 S. CLYDE MORRIS BLVD. DAYTONA BEACH, FL 32114</b>
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04162004 No Chg-NP CR2E037 (10/03)

4. FEI Number <b>59-3678170</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent  <b>HAMPTON, STEVEN 600 S. CLYDE MORRIS BLVD. DAYTONA BEACH, FL 32114</b>
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**DO NOT WRITE  
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**Filing Fee is \$61.25  
Due by May 1, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be  
Added to Fees**

U00000122853  
04/21/04-80047-004 70.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VAN RIPER, BOB 3256 CAPITAL CIRCLE SW TALLAHASSEE, FL 32310
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C EBBS, GEORGE 600 S CLYDE MORRIS BLVD DAYTONA BEACH, FL 32114
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VC BODINE, JAMES 2228 WEKIVA VILLAGE LANE APOPKA, FL 32703
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S KARIBO, JACK 4209 TIMUQUANA RD JACKSONVILLE, FL 32210
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T RAEBURN, PAULA 4685 LONGBOW DRIVE TITUSVILLE, FL 32796
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EXDM HAMPTON, STEVEN 600 S CLYDE MORRIS BLVD DAYTONA BEACH, FL 32114

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 617, 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:** *Steven Hampton*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*4/16/04* *386 226 6725*  
Date Daytime Phone #