2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N37852

FILED Feb 12, 2008 Secretary of State

Entity Name: LAUNCH INFORMATION SERVICE AND AMATEUR TELEVISION SYSTEM, INC.

Current Principal Place of Business: New Principal Place of Business: 245 COUNTRY CLUB DR MELBOURNE, FL 32940 US **Current Mailing Address: New Mailing Address:** 245 COUNTRY CLUB DR MELBOURNE, FL 32940 US FEI Number: 59-6947295 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: BALDINI, ERNEST A MR. 245 COÚNTRY CLUB DR MELBOURNE, FL 32940 US 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition HILL, ROY E Name: Name: 2155 REYNARD PLACE Address: Address: City-St-Zip: MERRITT ISLAND, FL 32952 City-St-Zip: Title: Title: () Delete () Change () Addition Name: MCMILLAN, RICHARD E Name: Address: 625 TIMUQUANA Address: City-St-Zip: MERRITT ISLAND, FL 329536043 City-St-Zip: Title: VPD () Delete Title: VPD (X) Change () Addition SIROTA, EUGENE COY, DON Name: Name: Address: 1540 SATURN ST Address: 489 CRYSTAL LANE City-St-Zip: MERRITT ISLAND, FL 32953 City-St-Zip: MELBOURNE, FL 32940 Title: SD () Delete Title: SD (X) Change () Addition Name: BALDINI, ERNEST A Name: BELT, JERRY Address: 245 COUNTRY CLUB DR. Address: 2261 FRIDAY RD. City-St-Zip: MELBOURNE, FL 32940 City-St-Zip: COCOA, FL 32926

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JERRY BELT SD 02/12/2008