2001 UNIFORM BUSINESS REPORT (UBR) FILED Apr 25, 2001 08:00 AM DOCUMENT # P0000021619 1. Entity Name **Secretary of State** GLOBAL SATELLITE COMMUNICATION CO. Principal Place of Business Mailing Address 801 BRICKELL AVENUE 801 BRICKELL AVENUE SUITE 900 SUITE 900 TAMARAC FL TAMARAC FL 33131 33131 2. Principal Place of Business 3. Mailing Address 801 BRICKELL AVENUE 801 BRICKELL AVENUE Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE SUITE 900 SUITE 900 City & State City & State 4. FEI Number Applied For FL MIAMI MIAMI 65-0994187 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 33131 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BENCHIMOL MAHBOUB 1802 N. UNIVERSITY DRIVE Street Address (P.O. Box Number is Not Acceptable) **SUITE 128** PLANTATION FL33322 US City 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. 04/25/2001 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 FILE NOW!!! FEE 15 \$130.00 _______After MAY 1, 2001 Fee will be \$550.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 11. 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 CEOD TITLE CR2E034 (11/00) ☐ Delete TITLE X Change ☐ Addition BENCHIMOL MAME MAHROUR NAME BENCHIMOL MAHBOUB 7154 NORTH UNIVERSITY DRIVE #124 STREET ADDRESS STREET ADDRESS 1802 NORTH UNIVERSITY DRIVE #128 CITY-ST-ZIP TAMARAC FL 33321 CITY-ST-ZIP TAMARAC 33321 ☐ Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Сhапде ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. 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 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered. SIGNATURE: _ MAHBOUB BENCHIMOL CEOD 04/25/2001 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #