

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 16, 2001 08:00 AM**
Secretary of State**DOCUMENT # P00000082460**1. Entity Name
GLOBESTAR COMMUNICATIONS, INC.

Principal Place of Business

507 TIMBER RIDGE DR.

LONGWOOD
32779

FL

Mailing Address

507 TIMBER RIDGE DR.

LONGWOOD
32779

FL

2. Principal Place of Business

1223 43RD STREET

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

ORLANDO

FL

City & State

Zip
32839

Country

Zip

Country

4. FEI Number

59-3699881

Applied For

Not Applicable

5. Certificate of Status Desired

☒**\$8.75** Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

CAVE COLIN C
507 TIMBER RIDGE DR.LONGWOOD FL
32779

7. Name and Address of New Registered Agent

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 _____ 04/16/2001

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☒**FILE NOW!!! FEE IS \$150.00****After MAY 1, 2001 Fee will be \$550.00****Make Check Payable to Department of State**10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MCCARTY DAVID C	
STREET ADDRESS	2126 LANGLEY CIR.	
CITY-ST-ZIP	ORLANDO FL 32835	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MATTHEWS SCOTT R	
STREET ADDRESS	2128 LAKE CRESCENT CT.	
CITY-ST-ZIP	WINDERMERE FL 34786	
TITLE	D	<input type="checkbox"/> Delete
NAME	CAVE COLIN C	
STREET ADDRESS	507 TIMBER RIDGE DR.	
CITY-ST-ZIP	LONGWOOD FL 32779	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PRES	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MIKE MUHAMED	
STREET ADDRESS	1223 43RD STREET	
CITY-ST-ZIP	ORLANDO FL 32839	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	CEO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CAVE COLIN C	
STREET ADDRESS	507 TIMBER RIDGE DR.	
CITY-ST-ZIP	LONGWOOD FL 32779	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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: Colin Cave

CEO

04/16/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)