# FOR PROFIT CORPORATION
# UNIFORM BUSINESS REPORT (UBR)

**FILED**
**Mar 09, 2004 8:00 am**
**Secretary of State**
03-09-2004 90020 045 ***158.75

DOCUMENT #P01000051678

1. Entity Name
SAT ACQUISITON CORPORATION

DO NOT WRITE IN THIS SPACE

44016306

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| ORLANDO EXECUTIVE AIRPORT | C/O ROBERT H. SILVERS, C.P.A., PA. |
| Suite, Apt. #, etc.<br>391 HERNDON AVENUE | Suite, Apt. #, etc.<br>1140 KANE CONCOURSE, FL#5 |
| City & State<br>ORLANDO, FL | City & State<br>BAY HARBOR ISLANDS, FL |
| Zip / Country<br>32803 / U.S.A. | Zip / Country<br>33154 / U.S.A. |

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-1102770
☐ Applied For
☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: ROBERT HENRY SILVERS, C.P.A., P.A.
Street Address (P.O. Box Number is Not Acceptable): 1140 KANE CONCOURSE, FLOOR#5
City: BAY HARBOR ISLANDS FL Zip Code: 33154

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

**January 1 - May 1 Fee is $150.00**
**After May 1, Fee is $550.00**
**Amended UBR is $61.25**
**Make Check Payable to Florida Department of State**

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

10. OFFICERS AND DIRECTORS

| | |
|---|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | SILVERS, DAVID R.<br>C/O 1140 KANE CONCOURSE, FL#5<br>BAY HARBOR ISLANDS, FL 33154 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | |
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CR2E034B (12/02)

12. 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 10 or an attachment with an address, with all other like empowered.

SIGNATURE: _____ DAVID R. SILVERS 3/3/04 305-864-7531
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR