


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2004 08:00 AM
Secretary of State

DOCUMENT # P01000062933 1. Entity Name X-CEL SATELLITE COMMUNICATIONS, INC.	
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Principal Place of Business 4814 W. COMMERCIAL BLVD. TAMARAC, FL 33319	Mailing Address 4814 W. COMMERCIAL BLVD. TAMARAC, FL 33319
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03302004 No Chg-P CR2E034 (10/03)

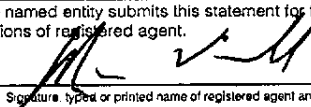
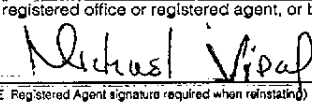
DO NOT WRITE IN THIS SPACE

4. FEI Number 03-0383096	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent VIPAL, MICHAEL 4814 W COMMERCIAL BLVD FORT LAUDERDALE, FL 33319
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IN THIS SPACE**

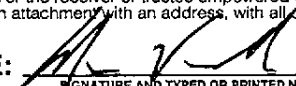
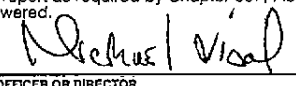
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.		
SIGNATURE 		DATE 3/30/04
<small>Signature, types or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>		

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P VIDAL, MICHAEL 4814 W. COMMERCIAL BLVD. TAMARAC, FL 33319
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP LAZO, ENA 4814 W. COMMERCIAL BLVD. TAMARAC, FL 33319
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TS JACOBS, ADAM 4814 W. COMMERCIAL BLVD. TAMARAC, FL 33319
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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04/19/04-80056-001 150.00

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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 607, 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: 		DATE 3/30/04	954 739-2422
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>	<small>Daytime Phone #</small>