FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 27, 2002 8:00 am
Secretary of State
05-27-2002 90428 027 ***150.00

DOCUMENT # P01000076071

1. Entity Name

DIRECT CABLE SATELLITE, INC.

DO NOT WRITE IN THIS SPACE

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2. Principal Place of Business	3. Mailing Address
2850 Stirling Road	2850 Stirling Road
Suite, Apt. #, etc. Suite D	Suite, Apt. #, etc. Suite D
City & State Hollywood, Florida	City & State Hollywood, Florida
Zip 33020 Country U.S.	Zip 33020 Country U.S.

4. FEI Number 65-1127655 ☐ Applied For ☐ Not Applicable

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

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7. Name and Address of Current Registered Agent

Name: Guzman, George

Street Address (P.O. Box Number is Not Acceptable): 2850 Stirling Road Suite D

City: Hollywood FL Zip Code: 33020

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 X

Signature of new 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) ☐

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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 PD NAME Guzman, George STREET ADDRESS 4000 Harding Street CITY-ST-ZIP Hollywood, Florida 33020	
TITLE VPD NAME Freyre, Lizete STREET ADDRESS 11450 NW 4th Lane CITY-ST-ZIP Miami, Florida 33172	
TITLE D NAME Cardenas, Henry STREET ADDRESS 2690 NE 135th Street CITY-ST-ZIP North Miami, Florida 33181	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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 on an attachment with an address, with all other like empowered.

SIGNATURE: X _____ X 4/30/02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #