AMENDED

FOR PROFIT CORPORATION

~~UNIFORM BUSINESS REPORT (UBR)~~

08-01-2002 90167 001 ****70.00
P01000076071
FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 AUG -1 PM 4:01

DOCUMENT # P01000076071

1. Entity Name

DIRECT CABLE SATELLITE, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
2850 Stirling Rd		2850 Stirling Rd	
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.

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1127655 [X] 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 ~~Freyre, Lizete~~

Street Address (P.O. Box Number is Not Acceptable)

11450 NW 4th Lane

City Miami FL Zip Code 33172

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 ________ 6/1/02

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) ☐

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	Name / Street Address / City-St-Zip
PD	Freyre, Lizete 11450 NW 4th Lane Miami, Florida 33172
D	Cardenas Henry 2690 NE 135th Street North Miami, Florida
S	George Guzman 4000 Harding St Hollywood, Florida 33021

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CR2E034B (12/01)

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: ________ 6/1/02

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