


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 07, 2005 8:00 am
Secretary of State

06-07-2005 90002 027 ***150.00

DOCUMENT # P01000091410 1. Entity Name NEW SINGELTARY SCATTERED SITES, INC.					
Principal Place of Business C/O TELESIS II CORPORATION 1101 30TH ST. NW., 4TH FL WASHINGTON, DC 20007			Mailing Address C/O TELESIS II CORPORATION 1101 30TH ST. NW., 4TH FL WASHINGTON, DC 20007		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 52-2358813	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
CT CORPORATION SYSTEM 1200 S. PINE ISLAND RD. PLANTATION, FL 33324			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	DVT	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MELKONIAN, MARILYN		NAME		
STREET ADDRESS	C/O TELESIS II CORPORATION		STREET ADDRESS		
CITY - ST - ZIP	WASHINGTON, DC 20007		CITY - ST - ZIP		
TITLE	PS	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WHITMAN, WILLIAM L		NAME		
STREET ADDRESS	C/O TELESIS II CORPORATION		STREET ADDRESS		
CITY - ST - ZIP	WASHINGTON, DC 20007		CITY - ST - ZIP		
TITLE	V	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HYSON, GREGORY A		NAME		
STREET ADDRESS	C/O TELESIS II CORPORATION		STREET ADDRESS		
CITY - ST - ZIP	WASHINGTON, DC 20007		CITY - ST - ZIP		
TITLE	AS	<input checked="" type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BALDWIN, WILLIAM A		NAME	AS	
STREET ADDRESS	C/O TELESIS II CORPORATION		STREET ADDRESS	Jana K. Geiger	
CITY - ST - ZIP	WASHINGTON, DC 20007		CITY - ST - ZIP	1101 30th St, NW, 4th Floor	
CITY - ST - ZIP	WASHINGTON, DC 20007		CITY - ST - ZIP	Washington, DC 20007	
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
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 Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: Jana K. Geiger, Asst. Secretary 5/17/05 202.333.8447 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					