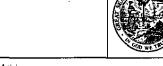
## **2003 FOR PROFIT CORPORATION**

## **UNIFORM BUSINESS REPORT (UBR**

DOCUMENT #

P02000026472

1. Entity Name DAP SATELLITE, INC.



Principal Place of Business 7380 SHEPARD LN

Mailing Address 7390 SHEDARD IN

**FILED** May 01, 2003 8:00 am & Secretary of State

05-01-2003 90212 042 \*\*\*150.00

GLEN ST MARY FL 32040			GLEN ST MARY FL 32040									
2. Principal Place of Business			3. Mailing Address							<b>0 0</b> 5141 <b>3</b> 1046 1		
Suite, Apt. #, etc.			Suite, Apt. #, etc.					CHECK HERE IF MAKING CHANGES				
City & State			City & State				4. FEI Number Applied For Not Applicable					
Zip Country			Zip			Country		Certificate of Status Desired		3.75 Add e Required	litional	
6. Name and Address of Current Re				egistered Agent		<u> </u>	7.	Name and Address of New Registe			<u>-                                    </u>	
HODGES, PATRICK O 7380 SHEPARD LN				and sequences.			Name Street Address (P.O. Box Number is Not Acceptable)					
	MARY FL					City						
the obligat	ions of regist	,		3 3		ed office or regi		gent, or both, in the State of Florida.	I am fam	niliar with, a	and accept	
After	May 1, 200	! FEE IS \$150.00 33 Fee will be \$550.00 6 Florida Department o	f State					Election Campaign Financin     Trust Fund Contribution.	g 🗆		0 May Be to Fees	
10.		OFFICERS AND	DIRECTOF	RS	11.		ΑE	DDITIONS/CHANGES TO OFFICERS	AND D	RECTORS	IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	7380 SHE	P HODGES, PATRICK O 380 SHEPARD LN GLEN ST MARY FL 32040						. 1	Ţ.,	Change .	Addition .	
TITLE NAME STREET ADORESS CITY-ST-ZIP	11803 DO	), DONALD R IN BURNSED RD ION FL 32040		Delete		E .				Change	Addition }	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST JCAN 738 Glen	ILE M Hodge O Shepard	5 LN L 320	Delete		i i		to grant and the company of		Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete						Change	Addition	
TITLE NAME Street address City-St-Zip				☐ Delete						Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		$\alpha$		☐ Delete	•			1 <u>- 112-1</u> 1.	Ċ	Change	Addition	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Fiorida 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

**SIGNATURE:**