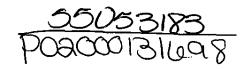
2003 UNIFORM BUSINESS REPORT (UBR)

FILED Aug 04, 2003 8:00 am Secretary of State

| DOCUMENT# P02000131698 | | | | | | 07-17-2003 90036 017 ***150.00 | | | | |
|---------------------------------|---|---------------------------------------|--------------------|----------------------|---------------|---|----------------|------------------------|--|--|
| SATEL | LITE & SYSTEMS CO | MMUNICATION, | INC. | | | | | | | |
| Principal Plac | ce of Business | Mailing Address | | | ┤ ⋅ | | | | | |
| 715 NW 4 | 42 PLACE | 715 NW 42 PLAC | E | | | | | | | |
| POMPAI | NO BEACH, FL 33064 | POMPANO BEACH, FL 33064 | | | | 55053183 | | | | |
| 2. Principal Place of Business | | 3. Mailing Address | 3. Meiling Address | | | | | | | |
| Suite Apt | #, etc. | Suite. Apt. #, etc. | | | 7 | DO NOT WRITE IN THIS | SPACE | | | |
| City & Sta | le , | City & Stale | | · | 4. | FEI Number 16-1643833 | <u> </u> | Applied For | | |
| Zip | Country | Zip | Count | ıry | 5. | Certificate of Status Desired | \$8.75 Add | ditional | | |
| | 6. Name and Address of Current | Registered Agent | | | 7. | Name and Address of New Registered | Agent | | | |
| SH VA D | | | بحصوب | Name | | TAX HOUSE CORPORATIO | N | · | | |
| SILVA, DARLI 718 NW 42 PLACE | | | | Street Addre | ss (P 0. I | s (P 0. Box Number is Not Acceptable) 1261 E SAMPLE ROAD | | | | |
| POMPAN | iO BEACH, FL 33064 | / | (| | | | | | | |
| | | / (| ? | City PO | MPAN | NO BEACHFL | Zip Cod | de 33064 | | |
| 3. The above | named entity submits the streament on th | ne purpose of charging its regis | stered offic | ce or registered | agent, or | r both, in the State of Florida. | | | | |
| | | w/w | | | DD1 | THA CAMES PARRIBENT | 07/10/03 | ı | | |
| SIGNATURE | Singature, type or printed name it registers | of egent and time if applicable. | (NOTE:Reg | istere Agent signa | | ENO GOMES - PRESIDENT red when reinstalling) | DATE | | | |
| 9. Tais corpo | pration is eligible to satisfy its Intangible | FILE NOW | /) FEE I | S \$150.00 | · | | | | | |
| Tax filing | requirement and elects to do so. | After MAY 1, 20 | | | | 10. Election Campaign Financing Trust Fund Contribution. | | 00 May Be d to Fees | | |
| (See chie | on back) OFFICERS AND | Make Check Payat | ble to De | partment of S | | DDITIONS /CHANGES TO OFFICERS AND | DURECTOR | S IN 11 | | |
| ntle | PSD PSD | Delete | TITLE | | | DOTTIONS TO TANGES TO OFFICERS AND | Change | Addition | | |
| AME | SILVA, DARLI | , | NAME | 1 | | | | | | |
| STREET ADDRESS | 715 NW 42 PLACE | | | T ADDRESS | | ; | | | | |
| TILE | PTD PTD SEACH FL 33064 | Delete | TITLE | 31.24 | - | | Change | Addition | | |
| KAME | FONTOURA, FRANCINETE F | L Delete | NAME | | | | T Cutube | Addition | | |
| STREET ADDRESS | 715 NW 42 PLACE | | | T ADDRESS | | | | ľ | | |
| CITY-ST-ZIP | POMPANO BEACH FL 33084 | | CITY- | ST-ZIP | | | | | | |
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| TREET ADDRESS | | | 4 | ADDRESS | | | | } | | |
| HY-ST-ZIP | <u></u> | | City-s | | | | | | | |
| indicated | i ou this tabout or aribbismental tabout i | <u>s true and accurate and that m</u> | ry signatu | ire snaji nave tr | ie same i | 19.07(3)(1), Florida Statutes. I further cert legal effect as if made under oath: that I a da Statutes, and that my name appears in | m an officer (| or director | | |



FLORIDA DEPARTMENT OF STATE Division of Corporation 2003 Uniform Business Report (UBR) 409 East Gaines Street Tallahassee, FL 32399

Re: Filing of Uniform Business Report 2003
P02000131698
EIN #16-1643833
SATELLITE & SYSTEMS COMMUNICATION INC.

To Whom It May Concern:

PLEASE consider the paperwork that I am sending with regards to my Annual Report situation, attached follows proof that EIN # is in fact active and in perfect status, therefore there was no need for me to use my SS#.

Any questions or concern, feel free to contact our Accountant at (954) 782-4000 and speak to Mr. Breno Gomes.

Sincerely,

1

SILVA, DARLI - PRESIDENT

SATELLITE & SYSTEMS COMMUNICATION, INC.

715 NW 42 PLAGE

POMPANO BEACH, FL 33064 PHONE: (954) 942-3428 DEPARTMENT OF THE TREASURY INTERNAL REVENUE SERVICE HOLTSVILLE NY 00501

DATE OF THIS NOTICE: 12-24-2002
NUMBER OF THIS NOTICE: CP 575 A
EMPLOYER IDENTIFICATION NUMBER: 16-1643833

FORM: SS-4 0133656025 B

P02000131698

FOR ASSISTANCE CALL US AT: 1-800-829-1040

SATELLITE & SYSTEMS COMMUNICATION INC 715 NW 42ND PL POMPANO BEACH FL 33064

OR WRITE TO THE ADDRESS SHOWN AT THE TOP LEFT.

IF YOU WRITE, ATTACH THE STUB OF THIS NOTICE.

WE ASSIGNED YOU AN EMPLOYER IDENTIFICATION NUMBER (EIN)

Thank you for your Form SS-4, Application for Employer Identification Number (EIN). We assigned you EIN 16-1643833. This EIN will identify your business account, tax returns, and documents, even if you have no employees. Please keep this notice in your permanent records.

Use your complete name and EIN shown above on all federal tax forms, payments and related correspondence. If you use any variation in your name or EIN, it may cause a delay in processing and incorrect information in your account. It also could cause you to be assigned more than one EIN.

Based on the information shown on your Form SS-4, you must file the following forms(s) by the date we show.

Form 941 Form 1120 Form 940 04/30/2003 03/15/2004 01/31/2004

Your assigned tax classification is based on information obtained from your Form SS-4. It is not a legal determination of your tax classification and is not binding on the IRS. If you want a determination on your tax classification, you may seek a private letter ruling from the IRS under the procedures set forth in Rev. Proc. 98-01, 1998-1 I.R.B. 7 (or the superceding revenue procedure for the year at issue).

If you need help in determining what your tax year is, you can get Publication 538, Accounting Periods and Methods, at your local IRS office.

If you have questions about the forms shown or the date they are due, you may call us at 1-800-829-1040 or write to us at the address shown above:

If you're required to deposit for employment taxes (Forms 941, 943, 940, 945, CT-1, or 1042), excise taxes (Form 720), or income taxes (Form 1120), we will send an initial supply of Federal Tax Deposit (FTD) coupon books within six weeks. You can use the enclosed coupons if you need to make a deposit before you receive your supply.

| 1.347 | An address change here changes your address on the FTD coupons only. | |
|-----------------|--|--------------|
| | New Address | |
| TEAR OFF | | nd this line |
|) - 1. | City Zip | ite bevo |

Form 8109-C (Rev. 12-2000)

Employer Identification Number (EIN)

OMB No. 1545-0257

16-1643833 141815 4 5

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INTERNAL REVENUE SERVICE CENTER HOLTSVILLE, NY DOSDI

Send FTD Address Change and correspondence to the IRS address above.