#### FOR PROFIT CORPORATION 礼がIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000134022

1. Entity Name

SATELLITE CABLE SYSTEMS, INC.



## FILED 05 OCT 12 PM 1:16

#### DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address 92021 010 150,00 P.O. Box 2323 622 Northeast Santa Fe Blvd. Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 300137528 High Springs, Florida High Springs, Florida Not Applicable Zio Country Country \$8.75 Additional 5. Certificate of Status Desired 32643 **United States** 32655 **United States** Fee Required

### DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent					
Name SPIEGEL & UTRERA, P.A.					
Street Address (P.O. Box Number is Not Acceptable)					
1840 Southwest 22 Street, 4th Floor					
City Miami	FL	Zip Code 33145			

2	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, the obligations of registers when.	and accept
٠.	and district themselves and state more for the purpose of changing at registered expenses a poet, in the data of honds. Then talking will,	and accept
	the address of a section of the sec	=
	.ne odligarions of registered teat.	

att signeture required when reinstating)

SIGNATURE

Vatalia where name of registered egent and title if app

January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

10.	OFFICERS AND DIRECTORS		
HILE NAME STREET ADDRESS CITY-SI-ZIP	PSTD Chris Gero 622 Northeast Santa Fe Boulevard High Springs, Florida 32643	TITLE NAME STACET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-SI-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	IN THIS SPACE
TITLE NAME STREET ADDRESS CHTY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	

<sup>12.</sup> 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 suppliemental report is true and accurate and that my signature shall have the same legal effect as if made under cath; 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Chris Gero, President

5-25-05



# AFFIDAVIT IN SUPPORT OF REQUEST TO WAIVE THE FLORIDA DEPARTMENT OF STATE CORPORATE ANNUAL REPORT LATE FEES

STATE OF F	LORIDA )	
COUNTY OF	`ALACHUA )	
1. Chris (hereinafter "C		CABLE SYSTEMS, INC., a Florida corporation,
	ne Corporation failed to file its Uniform I in the time prescribed by Florida Statute	Business Report or pay the Uniform Business Reportes Chapter 607 because:
2.1	-	r filing the Annual Report and pay the Annual nent of State was never received by the
the payment b		ent of State waive the late fee for the Corporation upon Business Report filing fee, which are presented
4. Satelli	te CABLE SYSTEMS, INC. satisfies th	ne requirements of the Florida Statutes 607.0401.
	ay of May . 200 THER, AFFIANT SAYETH NOT	5
		SATELLITE CABLE SYSTEMS, INC.
		By: Chris Gero, President
		before me this 25 day of May, 2005  White Duis  Notary Public, State of Florida at Large  Printed Name: Cynthia Louis  Commission Expires:

OFFICIAL SEAL
CYNTHIA LOUIS
Notary Public State Of Florida
My Commission Expires 2-3-2007
COMMISSION # DD 182107
SPERSONALLY KNOWN GOTHER ID