2006 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE

Secretary of State DOCUMENT # P03000037134 02-02-2006 90041 041 ***150.00 1. Entity Name SATS, INC. Principal Place of Business Mailing Address 3640 YACHT CLUB DRIVE UNIT 1109 3640 YACHT CLUB DRIVE UNIT 1109 AVENTURA, FL 33180 AVENTURA, FL 33180 2. Principal Place of Business 3. Mailing Address Suite, Ant. #, etc. Suite, Apt. #, etc. 01092006 Chq-P CR2E034 (11/05) 4. FEI Number City & State City & State Applied For 14-1880931 Not Applicable \$8.75 Additional Zip Country Zip Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ZIMMELMAN, STANLEY S Street Address (P.O. Box Number is Not Acceptable) 3640 YACHT CLUB DRIVE UNIT 1109 AVENTURA, FL 33180 Zip Code 8. The above named entity submits this r the perpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registe 06 DATE Signature, typed or INOTE recisioned Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE.IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. D TITLE ☐ Change ☐ Addition TITLE ☐ Delete ZIMMELMAN, STANLEY S NAME NAME 3640 YACHT CLUB DRIVE UNIT 1109 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP AVENTURA, FL 33180 CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ■ Addition ☐ Defete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY+ST-ZIP Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE Change Addition Delete TITLE 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 exemptions contained in Chapter 119, 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.

FILED Feb 02, 2006 8:00 am

Daytime Phone #