2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000030462

Entity Name: CORAL SATELLITE, INC

FILED May 01, 2008 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

3439 SE 5TH PLAVE 3439 SE 5TH PLACE CAPE CORAL, FL 33914 CAPE CORAL, FL 33914

Current Mailing Address: New Mailing Address:

3439 SE 5TH PLAVE 3439 SE 5TH PLACE CAPE CORAL, FL 33914 CAPE CORAL, FL 33914

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

HOS, ALI N HOS, ALI N

3439 SW 5TH PLACE 3439 SW 5TH PLACE

CAPE CORAL, FL 33904 US US CAPE CORAL, FL 33914

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.

SIGNATURE: 05/01/2008

> Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Delete Title: (X) Change () Addition

OZER, TUNCAY OZER, TUNCAY Name: Name: 1716 SE 44TH STREET 5019 SW 5TH PL. Address: Address: City-St-Zip: CAPE CORAL, FL 33904 City-St-Zip: CAPE CORAL, FL 33914

Title: Title: () Delete (X) Change () Addition

Name: HOS, TUBA Name: HOS, TUBA 3439 SW 5TH PLACE 3439 SW 5TH PLACE Address: Address:

CAPE CORAL, FL 33904 CAPE CORAL, FL 33914 City-St-Zip: City-St-Zip:

Title: () Delete Title: S (X) Change () Addition HOS, ALI N HOS, ALI N Name: Name:

3439 SW 5TH PLACE 3439 SW 5TH PLACE Address Address:

City-St-Zip: CAPE CORAL, FL 33904 City-St-Zip: CAPE CORAL, FL 33914

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TUBA HOS 05/01/2008 Τ