

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE
Strodia B. Morfitt
Secretary of State
CORPORATIONS

1995-16-96 B-6481-C

DOCUMENT # **P27024** (9)

1. Corporation Name
SATELLITE SPORTS SERVICES, INC.



Principal Place of Business: **5859 BISCAYNE BLVD MIAMI FL 33137**
Mailing Address: **5859 BISCAYNE BLVD MIAMI FL 33137**

3. Date Incorporated or Qualified: **11/21/1989** 3a. Date of Last Report: **03/22/1995**
4. FET Number: **58-1866898** Applied For: Not Applicable
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: 21. **14833 NE 20TH AVE** 22. Subj. Apt. #, etc.:
23. **N. MIAMI, FL** 24. **33181** 25. **USA**
2a. Mailing Address: 26. **14833 NE 20TH AVE** 27. City & State:
28. **N. MIAMI, FL** 29. **33181** 30. **USA**

9. Name and Address of Current Registered Agent
**ALLEN, SUSAN D.
7111 BISCAYNE BLVD
MIAMI FL 33138**

10. Name and Address of New Registered Agent
81. Name:
82. Street Address (P.O. Box Number is Not Acceptable):
83. City:
84. State: **FL** 85. Zip Code:

11. Pursuant to the provisions of Sections 607.0092 and 607.0100, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Each of us was authorized by the corporation's board of directors to hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0092, Florida Statutes.

SIGNATURE: _____ DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	ALLEN, CHARLES	
STREET ADDRESS	5859 BISCAYNE BLVD.	
CITY, ST, ZIP	MIAMI FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	ALLEN, SUSAN D.	
STREET ADDRESS	7111 BISCAYNE BLVD.	
CITY, ST, ZIP	MIAMI FL	
TITLE	DS	<input type="checkbox"/> DELETE
NAME	KIRK, TERRY	
STREET ADDRESS	14894 NE 20TH AVE. N.	
CITY, ST, ZIP	MIAMI FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	OLIVER, VERNON	
STREET ADDRESS	14833 NE 20TH AVE	
CITY, ST, ZIP	N MIAMI FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. NAME	
13. STREET ADDRESS	
14. CITY, ST, ZIP	
21. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22. NAME	
23. STREET ADDRESS	
24. CITY, ST, ZIP	
31. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32. NAME	
33. STREET ADDRESS	
34. CITY, ST, ZIP	
41. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42. NAME	
43. STREET ADDRESS	
44. CITY, ST, ZIP	
51. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52. NAME	
53. STREET ADDRESS	
54. CITY, ST, ZIP	
61. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62. NAME	
63. STREET ADDRESS	
64. CITY, ST, ZIP	

14. I do hereby certify that the information supplied in this filing is voluntary, furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information included in this annual report or supplemental annual 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 registered business and was sworn to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed or deleted in accordance with an address.

SIGNATURE: *Serrano W. Hill*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/10/96 305-944-9424

CR2E034 (12/95)