

**PROFIT  
CORPORATION  
ANNUAL REPORT  
1999**


FLORIDA DEPARTMENT OF STATE  
**Katharine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # P93000015204**

1. Corporation Name  
**HERO SATELLITE SERVICES, INC.**

## Principal Place of Business

7291 NW 74 ST.  
MEDLEY FL 33166  
US

## Mailing Address

7291 NW 74 ST.  
MEDLEY FL 33166  
US

DO NOT WRITE IN THIS SPACE

## 2. Principal Place of Business

21 Suite, Apt. #, etc.

## 23 City &amp; State

24 Zip 25 Country

## 2a. Mailing Address

26 Suite, Apt. #, etc.

## 28 City &amp; State

29 Zip 30 Country

## 3. Date Incorporated or Qualified

02/18/1993

## 4. FEI Number

65-0415324

## Applied For

Not Applicable

## 5. Certificate of Status Desired

☐

**\$8.75** Additional  
Fee Required

## 6. Election Campaign Financing

☐

**\$5.00** May Be  
Added to Fees

## 8. This corporation owes the current year intangible Personal Property Tax.

☐

Yes

☐

No

## 9. Name and Address of Current Registered Agent

**BEHAR, ROBERT**  
7291 NW 74 ST.  
MEDLEY FL 33166

## 10. Name and Address of New Registered Agent

## 81 Name

## 82 Street Address (P.O. Box Number is Not Acceptable)

## 83

## 84 City

FL

## 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

## SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

## 12. OFFICERS AND DIRECTORS

TITLE **D**  
NAME **BEHAR, ROBERT**  
STREET ADDRESS **7291 NW 74TH ST**  
CITY-ST-ZIP **MEDLEY FL 33166**

DELETE

TITLE **D**  
NAME **SAWICKI, DANIEL**  
STREET ADDRESS **7291 NW 74TH ST**  
CITY-ST-ZIP **MEDLEY FL**

DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DELETE

## 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **CFO**  
1.2 NAME **MARC GRIMALDI**  
1.3 STREET ADDRESS **7291 NW 74TH ST**  
1.4 CITY-ST-ZIP **MEDLEY FL 33166**

☐

Change

☒

Addition

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

☐

Change

☐

Addition

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

☐

Change

☐

Addition

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

☐

Change

☐

Addition

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

☐

Change

☐

Addition

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

☐

Change

☐

Addition

14. 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 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 receiver or trustee empowered 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2EN24 (11/98)