

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 28, 2000 8:00 am
Secretary of State

02-28-2000 90008 025 ***150.00

DOCUMENT # P93000037475

1. Entity Name
SPACEPORT LAUNCH COMPANY

Principal Place of Business 100 SPACEPORT WAY CAPE CANAVERAL FL 32920-4003	Mailing Address 100 SPACEPORT WAY SUITE 401 CAPE CANAVERAL FL 32920-4000
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3275229**
 Applied For
 Not Applicable

Zip Country

Zip Country

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
MARSHALL, BYRD F JR.
201 E. PINE ST.
SUITE 1200
ORLANDO FL 32801

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

8. 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D <input type="checkbox"/> Delete
NAME	LEARY, JAMES D JR.
STREET ADDRESS	150 COCOA ISLES BLVD., STE. 401
CITY-ST-ZIP	COCOA BEACH FL 32931
TITLE	D <input type="checkbox"/> Delete
NAME	THOMAS, ALBERT M
STREET ADDRESS	150 COCOA ISLES BLVD., STE. 401
CITY-ST-ZIP	COCOA BEACH FL 32931
TITLE	D <input type="checkbox"/> Delete
NAME	ELLEGOOD, EDWARD
STREET ADDRESS	150 COCOA ISLES BLVD., STE. 401
CITY-ST-ZIP	COCOA BEACH FL 32931
TITLE	D <input type="checkbox"/> Delete
NAME	O'CONNOR, EDWARD A JR.
STREET ADDRESS	150 COCOA ISLES BLVD., STE. 401
CITY-ST-ZIP	COCOA BEACH FL 32931
TITLE	D <input type="checkbox"/> Delete
NAME	THOMPSON, PHILIP R
STREET ADDRESS	100 SPACEPORT WAY
CITY-ST-ZIP	CAPE CANAVERAL FL 32920-4003
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. 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 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ Date: **1-00** Daytime Phone #: **407-230-2301**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)