FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 MAY -1 PM 8:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000004345 (2)

1. Corporation Name

SKYVIEW WIRELESS CABLE, INC.

Principal Place of Business	Mailing Address
% FORREST SYGMAN ESQ 328 MINORCA AVE CORAL GABLES FL 33134	% FORREST SYGMAN ESQ 328 MINORCA AVE CORAL GABLES FL 33134

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/19/1994
3a. Date of Last Report:

2. Principal Place of Business	2a. Mailing Address
21 45 EXECUTIVE DRIVE	26 403 GREENWOOD AVE
Suite, Apt #, etc 22	Suite, Apt #, etc 27
City & State 23 JACKSON TN	City & State 28 CLARKSVILLE TN
Zip 24 38305 Country 25	Zip 29 37040-3711 Country 30

4. FEI Number: 65-0463745 ☐ 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

9. Name and Address of Current Registered Agent

SYGMAN, FORREST
328 MINORCA AVE
CORAL GABLES FL 33134

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 ______ DATE ______

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	11 TITLE	D PT ☒ Change ☐ Addition
NAME	WOLFE, J MICHAEL	12 NAME	
STREET ADDRESS	234 CRYSTAL SPRINGS PL	13 STREET ADDRESS	403 GREENWOOD AVE
CITY-ST-ZIP	HENDERSON NV 89014	14 CITY-ST-ZIP	CLARKSVILLE, TN 37040
TITLE	DV	21 TITLE	☐ Change ☐ Addition
NAME	BIGGS, JACOB	22 NAME	
STREET ADDRESS	350 WHISPERING PINES CT	23 STREET ADDRESS	
CITY-ST-ZIP	WICHITA KS 67212	24 CITY-ST-ZIP	
TITLE	DV	31 TITLE	☐ Change ☐ Addition
NAME	SHEETS, LESTER	32 NAME	
STREET ADDRESS	PO BOX 3647 N/A	33 STREET ADDRESS	
CITY-ST-ZIP	RUIDOSO NM 88345	34 CITY-ST-ZIP	
TITLE	DS	41 TITLE	☒ Change ☐ Addition
NAME	ALFORD, PAUL	42 NAME	DELETE THIS NAME
STREET ADDRESS	PO BOX 5429 N/A	43 STREET ADDRESS	
CITY-ST-ZIP	DECATUR AL 35601	44 CITY-ST-ZIP	
TITLE	DT	51 TITLE	CDS ☒ Change ☐ Addition
NAME	SCHLUETER, DAVID	52 NAME	
STREET ADDRESS	PO BOX 4381 N/A	53 STREET ADDRESS	
CITY-ST-ZIP	GLENVILLE DE 19807	54 CITY-ST-ZIP	GREENVILLE, DE 19807
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on the 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.

SIGNATURE: J Michael Wolfe, PRESIDENT — 4-26-95 — 615 645 5616
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE — Daytime Phone #

0130213 CP