FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT **1996**

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

DOCUMENT # P94000004345 (2)

1. Corporation Name
SKYVIEW WIRELESS CABLE, INC.

Principal Place of Business
45 EXECUTIVE DR
328 MINORCA AVE
JACKSON TN 38305
US

Mailing Address
403 GREENWOOD AVE
328 MINORCA AVE
CLARKSVILLE TN 37040-3711
US

3. Date Incorporated or Qualified	01/19/1994
3a. Date of Last Report	05/01/1995
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

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

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: ROBERT L. GOLDFARB
82 Street Address (P.O. Box Number is Not Acceptable): 17021 NORTH BAY ROAD #704
83
84 City: MIAMI BEACH FL 85 Zip Code: 33160

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: X [signature] ROBERT L. GOLDFARB, DIRECTOR 4-26-96
Signature, typed or printed name of registered agent and title if applicable DATE

12. OFFICERS AND DIRECTORS

TITLE	DPT	☐ DELETE
NAME	WOLFE, J MICHAEL	
STREET ADDRESS	403 GREENWOOD AVE	
CITY-ST-ZIP	CLARKSVILLE TN	
TITLE	DV	☐ DELETE
NAME	BIGGS, JACOB	
STREET ADDRESS	350 WHISPERING PINES CT	
CITY-ST-ZIP	WICHITA KS 67212	
TITLE	DV	☒ DELETE
NAME	SHEETS, LESTER	
STREET ADDRESS	PO BOX 3647 N/A	
CITY-ST-ZIP	RUIDOSO NM 88345	
TITLE	CDS	☐ DELETE
NAME	SCHLUETER, DAVID	
STREET ADDRESS	PO BOX 4381 N/A	
CITY-ST-ZIP	GLENVILLE DE	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☒ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP	CLARKSVILLE, TN 37040	
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME	800001868738	
3.3 STREET ADDRESS	-06/20/96--01019--027	
3.4 CITY-ST-ZIP	***200.00	
4.1 TITLE		☒ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP	GREENVILLE, DE 19807-0381	
5.1 TITLE	DIRECTOR	☐ Change ☒ Addition
5.2 NAME	BUDDY JUNGMAN	
5.3 STREET ADDRESS	P.O. BOX 180632 N/A	
5.4 CITY-ST-ZIP	DALLAS TX 75218	
6.1 TITLE	DIRECTOR	☐ Change ☒ Addition
6.2 NAME	ROBERT L. GOLDFARB	
6.3 STREET ADDRESS	17021 NORTH BAY ROAD, #704	
6.4 CITY-ST-ZIP	MIAMI BEACH, FL 33160	

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 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.

SIGNATURE: [signature] J. MICHAEL WOLFE, PRESIDENT 4-23-96 615-645-5616
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)