## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P9400004345 (2)

SKYVIEW WIRELESS CABLE, INC.

Principal Place of Business Mailing Address 11308 N.W. 60TH ST. 11308 N.W. 80TH ST. PARKVILLE MO 64152 PARKVILLE MO 64152 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 01/19/1994 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-0463745 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 Trust Fund Contribution Added to Fees 28 Zip Country Country Zip This corporation owes or has paid the current year Intangible 24 30 Personal Property Tax due June 30. Yes 29 25 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name GOLDFARB, ROBERT L 17021 NORTH BAY ROAD #704 Street Address (P.O. Box Number is Not Acceptable) 82 MIAMI BEACH FL 33160 63 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 reinstaling) (10/97) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE 1.1 TITLE Change Addition TITLE WOLFE, J MICHAEL NAME 1.2 NAME 11308 N.W. 60TH ST. STREET ADDRESS 1.3 STREET ADDRESS PARKVILLE MO CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition TITLE 2.1 TITLE **BIGGS, JACOB** NAME 2.2 NAME 350 WHISPERING PINES CT STREET ADDRESS 2.3 STREET ADDRESS WICHITA KS 67212 CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE ☐ Change Addition TITLE 3.1 TITLE JUNGMAN, BUDDY NAME 3.2 NAME PO BOX 180632 N/A STREET ADDRESS 3.3 STREET ADDRESS DALLAS TX 75218 CITY-ST-ZIP 3.4. CITY-ST-ZIP CDS DELETE Change Addition TITLE 4.1 TITLE SCHLUETER, DAVID NAME 4. 2 NAME PO BOX 4381 N/A STREET ADDRESS 4.3 STREET ADDRESS **GREENVILLE DE D1980-0381** CITY-ST-ZIP 4.4 CITY-ST-ZIP ☐ DELETE Change ☐ Addition 51 TITLE TITLE GOLDFARB, ROBERT L 5.2 NAME NAME 17021 NORTH BAY ROAD #704 5.3 STREET ADDRESS STREET ADDRESS MIAMI BEACH FL 33160 CITY-ST-2IP 5.4 CITY-ST-ZIP DELETE 6.1 TITLE ☐ Change Addition TITLE NAME 6.2 NAME

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 agrituhenment with an address.

**6.3 STREET ADDRESS** 

6.4 CITY - ST - ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

Mul Vuse MINUMO LINCER

Mes news

4/29/98

RIG-505-1667

FILED

May 11 1998 8:00am

Secretary of State