

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000004345

1. Corporation Name

SKYVIEW WIRELESS CABLE, INC.

Principal Place of Business

**11308 N.W. 60TH ST.
PARKVILLE MO 64152
US**

Mailing Address

**11308 N.W. 60TH ST.
PARKVILLE MO 64152
US**

FILED
May 07, 1999 8:00 am
Secretary of State

05-07-1999 90159 016 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/19/1994

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 20400 COUNTRY CLUB DR.

2a. Mailing Address

26 20400 COUNTRY CLUB DR

Suite, Apt. #, etc.

22 LIBERTY MO

Suite, Apt. #, etc.

27 LIBERTY MO

City & State

23 64068 USA

City & State

28 64068 USA

Zip

Country

24 25 29 30

Zip

Country

9. Name and Address of Current Registered Agent

**GOLDFARB, ROBERT L
17021 NORTH BAY ROAD #704
MIAMI BEACH FL 33160**

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 ☐ DELETE

NAME
**DPT
WOLFE, J MICHAEL
11308 N.W. 60TH ST.
PARKVILLE MO**

TITLE ☐ DELETE

NAME
**DV
BIGGS, JACOB
350 WHISPERING PINES CT
WICHITA KS 67212**

TITLE ☐ DELETE

NAME
**D
JUNGMAN, BUDDY
PO BOX 180632 N/A
DALLAS TX 75218**

TITLE ☐ DELETE

NAME
**CDS
SCHLUETER, DAVID
PO BOX 4381 N/A
GREENVILLE DE D1980-0381**

TITLE ☐ DELETE

NAME
**D
GOLDFARB, ROBERT L
17021 NORTH BAY ROAD #704
MIAMI BEACH FL 33160**

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

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

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/98)