FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

→ PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

P95000016513 (0)

DOCUMENT # 1. Corporation Name

DIRECT HOME SATELLITE INC. sidejobs,

NC 12/13/95

Principal Place of Business

6121 SUNDEW CT.

Mailing Address

6121 SUNDEW CT.



JACKSONVILLE FL 32244		JACKSONVILLE FL 32244							
						3. Date Incorporated or Qualified 02/27/1995	3a. Dale	of Las	t Report
	ace of Business	2a. Mailing Address			4. FEI Number			Applied For	
21		26			±	59-329866	8667 Not Applicable		
Suite, Apt #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required			
City & State 23		City & State			6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees		,	
Zip	Country	Zφ		Country		8. This corporation has liability for i	ntangible ta	k unde	rs 199.032,
24	25	[29]	30			Florida Statutes 🗵 Yes			
	9. Name and Address of Currer	nt Hegistered Agent		1	NI====	10. Name and Address of New R	egistered A	igent	
I VMN	, LEONARD L		0	"	Name				
	SUNDEW CT.		8	2	Street Addre	ess (P.O. Box Number is Not Acceptab	le)		
	SONVILLE FL 32244		8	<u>.</u>					
4 0/10/10	001111EE 1 E 02244			1					
4			8	4	City			85	Zıp Code
11. Pursuant t	to the provisions of Sections 607,0502	2 and 607.1508. Florida Statu	ites, the above	<u></u> .	a ned corpora	ition submits this statement for the pur	COSE of cha		to registrated offices
or register	ed agent, or both, in the State of Flori	ida. Such change was authori	ized by the cor	рс	ration's board	dom submits this statement for the pur d of directors. I hereby accept the appo	pintment as	registe	red agent. Lam
SIGNATURE	in, the tisopic fie oblightons of occi-	ron cor.cco, nonda Statule	20						
SIGNATURE _	Signature 1, sed to protein have of registers, agent	tand the mappings 2.	volit. Fragislered Ag	ent i	5-grafore regared	when rainstatings	DATE		
12.	OFFICERS AN	D DIRECTORS	13.			ADDITIONS/CHANGES TO OFF	CERS AND	DIREC	TORS IN 12
TITLE	PRESIDENT	Defete	1 1 BIU	E] Chanç	ge 🔲 Addition
NAME	LEONARD L. LYNGEN	37 7/7	1.2 N4M8	E					ļ
STREET ADDRESS			1.3 S1HE	FFA	AC DRESS				
CITY-ST-ZiP	JACKSONVILLE, F		14011		,'iP				
TITLE	SECRETARY, The	ASUMER DELETE	2 1 11118] Chang	ge 🔲 Addition
NAME	Shelley J. Lynn	7	2.2 NAME	Ē	-				
STREET ADDRESS	GIZI SUNDENC	オーニー そっついし	2.3 \$196						
CITY ST-ZIP	JACKSONVILLE	DELETE	240HY		. IF				<u> </u>
NAME	ĺ	☐ Dere : E	3 1 7111.6) Chang	je 🔲 Addition
STREET ADDRESS			3.2 NAM4						i
CITY ST ZIP			3.3 \$16E		i				
TITLE		C) DELETE	3.4 Cify-		·.19'			1 Chanc	e Addition
NAME			4.2 NAME				L.] Chang	E Magnion
STREET ACORESS			4.3 STREE		n nac ec	90000183	170	ביו	
CITY-ST-ZIP			4.4 C-TY		1	9000018 3 -05/21/96010	42ีท2	Ś	
TITLE		☐ DELETE	5 1 TITLE			***200.00	****	Chang	e Addition
NAME		_	5.2 NAME			· 	L.	,9	
STREET ADDRESS			53 STREE		D TRESS				ļ
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NAME			6.2 NAME				<u></u>	•	
STREET ADDRESS			6 3 STREE	1413	DORESS				
CITY-ST-ZIP		p	6 4 CITY -	12	ŽIF				
44 Lda barabi	and the state of t	The beauty of the second of th							

I do hereby certify that the information supplied with this fining is voluntarily furnished and does not qualify for the exemption stated in Section 119 07(3)(k). Florida Statutes I further certify that the information indicated on this annual report or supplemental arrival 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 receiver or trusted 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 up an attachment with an address

4-28-96 904-77731