FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00 **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1996 P95000021279 (1) **DOCUMENT #** D.S.S. SATELLITE SERVICE, INC. Principal Place of Business Mailing Address > 121 ALLEN ROAD 121 ALLEN ROAD HOLLYWOOD FL 33023 HOLLYWOOD FL 33023 3a. Date of Last Report 3. Date Incorporated or Qualified Pombroke Pines, F1. 33023 03/15/1995 4-15-96 2. Principal Place of Business 1 430 S.W 2a. Mailing Address 4. FEI Number Applied For 70 AVE 21 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 ity & State \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution PINES Added to Fees Country 8. This corporation has liability for intangible tax under s 199.032, e D 33027 Yes No Florida Statutes 24 25 29 10. Name and Address of New Registered Agent Name and Address of Current Registered Agent HACKETT, DENNIS Street Address (P.O. Box Nun 82 5713 W HALLANDALE BCH BLVD. 83 #A-2 HALLANDALE FL 33023 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. Thereby accept the appointment as registered agent. Tam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Stgnature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) (12/95)OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12 13. DELETE ☐ Change ☐ Addition TITLE 1.1 TITLE HACKETT, DENNIS NAME 1.2 NAME CR2E034 121 ALLEN ROAD 1.3 STREET ADDRESS STREET ADDRESS HOLLYWOOD FL 33023 1.4 CITY-ST-ZIP CITY-ST-ZIP [] DELETE ☐ Change Addition TITLE 2 1 TITLE 2.2 NAME NAME 430 Sw. 70 Ave. 2.3 STREET ADDRESS STREE1 ADDRESS 33023 CITY-ST-ZIP 2.4 CITY-ST-ZIP 3. 1 TITLE Change Addition TITLE NAME 3.2 NAME STREET ADDRESS 3.3. STREET ADDRESS CITY-ST-ZIP 3.4 CITY-ST-ZIP Addition DELETE Change TITLE 4 1 TITLE 4.2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP CITY-ST-ZIP [iii] DELETE 5.1 TITLE Change Addition **5.2 NAME** NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE ☐ Addit-on 6 1 TITLE TITLE 6.2 NAME NAME STREET ADDRESS **6.3 STREET ADDRESS** 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)(k), 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 13 if changed, or on an attachment with an address.

OF SIGNING OFFICER OF DIRECTOR

989-2888