

**2002 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # P95000021603****1. Entity Name**  
**INTERNATIONAL ANTENNA CORPORATION****FILED**  
**Feb 04, 2002 8:00 am**  
**Secretary of State**

02-04-2002 90248 041 \*\*\*150.00

REGISTERED

**Principal Place of Business**  
**14615 EAGLES EYE CT**  
**CLERMONT FL 34711**  
**US****Mailing Address**  
**14615 EAGLES EYE CT**  
**CLERMONT FL 34711**  
**US****2. Principal Place of Business**  
Suite, Apt. #, etc.  
**City & State****3. Mailing Address**  
Suite, Apt. #, etc.  
**City & State**

DO NOT WRITE IN THIS SPACE

**Zip**  
**Country****Zip**  
**Country****4. FEI Number** **59-3307196**  
**Applied For**  
**Not Applicable****5. Certificate of Status Desired** ☐ **\$8.75 Additional Fee Required****6. Name and Address of Current Registered Agent**  
**LANDIS, JEANNA R.**  
**4341 FAYANN ST**  
**ORLANDO FL 32812****7. Name and Address of New Registered Agent**  
**Name**  
**Street Address (P.O. Box Number is Not Acceptable)**  
**City** **FL** **Zip Code****8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.****SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)**9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.** ☐  
(See criteria on back)**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2002 Fee will be \$550.00**  
**Make Check Payable to Department of State****10. Election Campaign Financing** ☐ **\$5.00 May Be Added to Fees**  
**Trust Fund Contribution.****11. OFFICERS AND DIRECTORS****12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

<b>TITLE</b>	<b>PD</b>	<input type="checkbox"/> Delete
<b>NAME</b>	<b>LANDIS, JEANNA R</b>	
<b>STREET ADDRESS</b>	<b>14615 EAGLES EYE CT</b>	
<b>CITY-ST-ZIP</b>	<b>CLERMONT FL 34711-6202</b>	
<b>TITLE</b>	<b>D</b>	<input type="checkbox"/> Delete
<b>NAME</b>	<b>LANDES, DAVID C</b>	
<b>STREET ADDRESS</b>	<b>14615 EAGLES EYE CT</b>	
<b>CITY-ST-ZIP</b>	<b>CLERMONT FL 34711-6202</b>	
<b>TITLE</b>	<b>D</b>	<input type="checkbox"/> Delete
<b>NAME</b>	<b>SEIBERT, HARRY</b>	
<b>STREET ADDRESS</b>	<b>RD 1, BOX 503</b>	
<b>CITY-ST-ZIP</b>	<b>NEW MANSTOWN PA</b>	
<b>TITLE</b>		<input type="checkbox"/> Delete
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Delete
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Delete
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		

<b>TITLE</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		

**13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.****SIGNATURE:** JEANNA R. LANDIS  
**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR****1-15-02** **407-654-7111**

Date

Daytime Phone #

CR2E034 (9/01)