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

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|---|----|-----|
| | 19 | 199 |

P95000089205 (5)

DOCUMENT #
1. Corporation Name
SATSTING USA, INC.

| Principal Place of Business | |
|-----------------------------|--|

Mailing Address



| 915 OAKFIELD DRIVE, SUITE F BRANDON FL 33511 | | | 915 OAKFIELD DRIVE. SUITE F BRANDON FL 33511 | | | | | | | |
|--|----------------------------|----------------------------------|---|---------------------|---------------------|----------------|--|----------------|----------------|-------------------|
| | | | | | | | 3. Date Incorporated or Qualified 11/21/1995 | | of Last A | • |
| | | | On Mailing Address | | | | 4. FEI Number | | - | Applied For |
| 2. Principal Place of Business 2a. Mailing Address 420 W. Brandon Blvd. 26 420 W. Brando | | | dan D | 7 | | 59-3347451 | | | Not Applicable | |
| · | | IOU PTAG. | | don Blvd. | | | | | | Additional |
| Suite, Apt. # | | | - | Suite, Apt. #, etc. | | | 5. Certificate of Status Desired | | • | Required |
| 2 Suite City & State | 204 | | 27 Suite 204 City & State | | | | 6. Election Campaign Financing | · | | May Be |
| | ion, FL | | 28 Brandon, FL | | | | Trust Fund Contribution | | | d to Fees |
| Zip | 1 | Country | Zip | | ıntry | | 8. This corporation has liability for | r intangible t | ax under s | 199.032, |
| ີ້33511 | 2 |) ' | 29 33511 | 30 US | | | | s 🚺 No | | |
| 1 | 1- | nd Address of Current | | | Ī | | 10. Name and Address of New | Registered | Agent | |
| | | | | | 81 | Name | D | | | |
| DUMMEU | .s, kent b | | | | - | Otropt | Runnells, Kent B. Address (P.O. Box Number is Not Accept | able) | | |
| | .s, reiti b Field Drivi | e ellite e | | | 82 | Street A | 420 W. Brandon Blvd. | autoj | | |
| | N FL 33511 | E, SUIL I | | | 83 | | a !: 004 | | | |
| DIVINO | N FL 33311 | | | | | | Suite 204 | | 11- | 0.4 |
| | | | | | 84 | City | Brandon | FL | 85 3 | 3511 |
| 11 Dureuant to | the provision | e of Sections 607 0502 | and 607 1508. Florida Statute | as, the ab | <u>l l</u> ove-r | amed co | rporation submits this statement for the p | urpose of ch | anging its | registered office |
| | | | -1// | | | | board of directors. I hereby accept the ap | • | | _ |
| SIGNATURÉ _ | Signature, Mued or | printed name of registered agent | | TE Registere | d Agen | t signature re | equired when reinstating) | DATE | | |
| 12. | | OFFICERS AND | | 13. | | | ADDITIONS/CHANGES TO O | | | |
| TITLE | DPVT | | ☐ DELETE | 1.1 | TITLE | | DPVT | χ. | Change | Addition |
| vAME | RUNNELL | s, kent b | | 1.2 8 | AME | | Runnells, Kent B. | | | |
| STREET ADDRESS | 915 OAK | field drive, suite | F | 1.3 \$ | TREET | ADDRESS | 420 W. Brandon Blvd. | , #204 | | |
| CITY-ST-7IP | BRANDO | N FL 33511 | | 1.4 (| HTY-S | T-ZIP | Brandon, FL 33511 | | | |
| INLE | | | ☐ DELETE | 2.1 | TITLE | | | | ☐ Change | Addition |
| NAME | | | | 2.21 | IAME | | | | | |
| STHEET ADDRESS | | | | 235 | TREET | ADDRESS | | | | |
| CITY-ST-ZIP | | | | 240 | ITY-S | 1 - ZIP | | | | |
| INLE | | | ☐ DELETE | 3 1 | TITLE | | | | Change | Addition |
| NAME | | | | 321 | IAME | | | | | |
| STREET ADDRESS | | | | 3.3 | STREET | ADDRESS | | | | |
| CITY - ST - ZIP | | | | 3.4 0 | CITY - S | 1 - ZIP | | | | |
| TITLE | | | DELETE | 4. 1 | TITLE | | | | ☐ Change | ☐ Addition |
| NAME | | | | 4.21 | NAME | : | | | | |
| STREET ADDRESS | | | | 4.3 | STREET | ADDRESS | | | | |
| CITY-ST-ZIP | | | | 4.4 | CITY-S | T-ZIP | | | | , |
| TITLE | | | ☐ DELETE | 5. 1 | TITLE | | | | ☐ Change | Addition |
| NAME | | | | 52 | NAME | | | | | |
| STREET ADDRESS | | | | 53 | STREET | ADDRESS | | | | |
| CITY - ST - ZIP | | | | 54 | CITY-S | IT-ZIP | | | | |
| TITLE | | | ☐ DELETE | | TITLE | | | | Change | ☐ Addition |
| NAME | | | — | 6.2 | NAME | | | | | |
| STREET ADDRESS | | | | 6.3 | STREET | ADDRESS | | | | |
| OTV 01 200 | | | | 6.4 | CITY - S | T - 71P | | | | |
| 4 11 8 - NI - FIM | 1 | | | | | | alify for the exemption stated in Section 1 | | | |

4.1 To hereby certify that the information supplied with this limit is voto itality furnished all obes not qualify the activity 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.

SIGNATURE:

IGNATURE AND TYPED OR PHINTED NAME OF SIGNING OFFICER OR DIRECTOR

te Daytime Phone #