

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 # P96000015612

1. Corporation Name
SKYDISH TECHNOLOGIES INC.

Principal Place of Business

12220 SW 91ST TERRACE
SUITE 605
MIAMI FL 33186

Mailing Address

12220 SW 91ST TERRACE
SUITE 605
MIAMI FL 33186

FILED
Feb 24, 1999 8:00 am
Secretary of State

02-24-1999 90026 001 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/20/1996

4. FEI Number

65-0641812

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

9. Name and Address of Current Registered Agent

JANSEN, MICHAEL S
12220 SW 91ST TERRACE
SUITE 605
MIAMI FL 33186

10. Name and Address of New Registered Agent

81 Name **Michael S. Jansen**
82 Street Address (P.O. Box Number is Not Acceptable)
810 SOUTH PARK Rd
83 **APT # 1-31**
84 City **Hollywood** **FL** 85 Zip Code **33021**

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

Michael S. Jansen

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

1/7/99

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	JANSEN, MICHAEL S	
STREET ADDRESS	12220 SW 91ST TERRACE, SUITE 605	
CITY-ST-ZIP	MIAMI FL 33186	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	President D.P.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Michael S. Jansen	
1.3 STREET ADDRESS	810 SOUTH PARK Rd	
1.4 CITY-ST-ZIP	Hollywood FL 33021	
2.1 TITLE	Vice President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Marice Powell	
2.3 STREET ADDRESS	420 LINCOLN Rd, Ste 379	
2.4 CITY-ST-ZIP	Miami Beach FL 33139	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Michael S. Jansen **Michael S. Jansen**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/7/99
Date

305/983-7850
Daytime Phone #

CR2E034 (11/98)