

2000 UNIFORM BUSINESS REPORT (UBR)**FILED****May 10, 2000 8:00 am**
Secretary of State

05-10-2000 90123 039 ***150.00

DOCUMENT # R960Q0030509**1. Entity Name**

Satellite Home Theater Warehouse Company, Inc.

Principal Place of Business**Mailing Address**1926 South Babcock Street
Melbourne, FL 32935

Same

2. Principal Place of Business1926 South Babcock St.
Suite, Apt. #, etc.**3. Mailing Address**Same
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Melbourne, Florida

Zip**Country****City & State****Zip****Country****4. FEI Number**

59-3370369

Applied For

Not Applicable

5. Certificate of Status Desired**\$8.75 Additional
Fee Required****6. Name and Address of Current Registered Agent**Stephen Smith
1900 S. Harbor City Blvd., Ste 227
Melbourne, FL 32901**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**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

JAMES E. Soderlund, JR. President.

5/1/00

**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, 2000 Fee will be \$550.00
Make Check Payable to Department of State**10. Election Campaign Financing**
Trust Fund Contribution. ☐**\$5.00 May Be
Added to Fees****11. OFFICERS AND DIRECTORS****12.****ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
President James E. Soderlund 1926 S. Babcock St. Melbourne, FL 32935	<input type="checkbox"/>	NAME STREET ADDRESS CITY-ST-ZIP	
Vice President Richard Eriggs 1840 Park Ave. Orange Park, FL 32073	<input type="checkbox"/>	NAME STREET ADDRESS CITY-ST-ZIP	
	<input type="checkbox"/>	NAME STREET ADDRESS CITY-ST-ZIP	
	<input type="checkbox"/>	NAME STREET ADDRESS CITY-ST-ZIP	
	<input type="checkbox"/>	NAME STREET ADDRESS CITY-ST-ZIP	
	<input type="checkbox"/>	NAME STREET ADDRESS CITY-ST-ZIP	

3. 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

JAMES E. Soderlund, JR.

5/1/00

321-726-9292