

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000030509

1. Entity Name

SATELLITE HOME THEATER WAREHOUSE CO.

FILED

Apr 24, 2001 8:00 am  
Secretary of State

04-24-2001 90303 025 \*\*\*150.00

Principal Place of Business

1926 S BABCOCK STREET  
MELBOURNE FL 32935  
US

Mailing Address

1926 S BABCOCK STREET  
MELBOURNE FL 32935  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

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

7. Name and Address of New Registered Agent

SMITH, STEPHEN  
1900 S U.S. 1, SUITE 102  
MELBOURNE FL 32901

Name

JAMES E. Soderlund

Street Address (P.O. Box Number is Not Acceptable)

1926 S. Babcock St, Ste 210

City

Melbourne

FL

Zip Code

32901

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.

JAMES E. Soderlund

(NOTE: Registered Agent signature required when reinstating)

2/28/01

DATE

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, 2001 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

TITLE P  
NAME SODERLUND, JAMES E  
STREET ADDRESS 1926 S BABCOCK STREET, STE 210  
CITY-ST-ZIP MELBOURNE FL 32935 ☐ Delete

TITLE P, VP, T.S  
NAME Soderlund, JAMES E.  
STREET ADDRESS 1926 S BABCOCK ST, STE 210  
CITY-ST-ZIP MELBOURNE, FL 32901 ☒ Change ☐ Addition

TITLE VP  
NAME BRIGGS, RICHARD  
STREET ADDRESS 1840 PARK AVENUE  
CITY-ST-ZIP ORANGE PARK FL 32073 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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, without other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAMES E Soderlund

Date

2/28/01

Daytime Phone #

CR2E034 (10/00)