

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 13, 2004 08:00 AM
Secretary of State

DOCUMENT # P96000032136

1. Entity Name

SATELLITE BROADCASTING CORPORATION



Principal Place of Business

**1330 GALLEON DR
NAPLES, FL 34102 US**

Mailing Address

**P.O BOX 1826
NAPLES, FL 34106-1826 US**

DO NOT WRITE IN THIS SPACE



03092004 No Chg-P CR2E034 (10/03)

4. FEI Number

65-0698746

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**VOGEL, JAMES D
3936 TAMiami TRAIL NORTH
SUITE B
NAPLES, FL 34103**

**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**U000000111666
04/13/04-80029-010 150.00**

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	CARLSON, GARRETT G SR.
STREET ADDRESS	1330 GALLEON DR
CITY-ST-ZIP	NAPLES, FL
TITLE	V
NAME	SHELL, LYNN C
STREET ADDRESS	900 2ND AVENUE SOUTH STE 880
CITY-ST-ZIP	MINNEAPOLIS, MN 55402
TITLE	ST
NAME	VOGEL, JAMES D ESQ.
STREET ADDRESS	3936 TAMiami TRAIL NO STE B
CITY-ST-ZIP	NAPLES, FL 33940
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. 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 10 or Block 11 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

Garrett G. Carlson, Sr. DP

Date

4/7/04

(239) 262-3744

Daytime Phone #