AMENDED -- AMENDED -- AMENDED

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000056767

1. Entity Name

DIRECT SATELLITE ENTERTAINMENT COMPANY
11757 Beach Blvd., Suite 8
Jacksonville, Florida 32246

Principal Place of Business	Mailing Address
11757 Beach Blvd. Suite 8 Jacksonville, FL. 32246	11757 Beach Blvd. Suite 8 Jacksonville, FL. 32246

FILED
01 NOV -8 PM 6:52
SECRETARY OF STATE
TALLAHASSEE FLORIDA

2. Principal Place of Business	3. Mailing Address
4946 Maybank Way	4946 Maybank Way
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Jacksonville, Fl.	City & State: Jacksonville, Fl.
Zip: 32225 Country: USA	Zip: 32225 Country: USA

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3386589 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

Daniel E. Nebus
11757 Beach Blvd., Suite 8
Jacksonville, Fl. 32246

7. Name and Address of New Registered Agent

Name: T. Harvey Shuman, II
Street Address (P.O. Box Number is Not Acceptable): 4946 Maybank Way
City: Jacksonville FL Zip Code: 32225

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 ____________________ November 6, 2001
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 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 / NAME / STREET ADDRESS / CITY-ST-ZIP	NONE ☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P,T,S,D T. Harvey Shuman, II 4946 Maybank Way Jacksonville, Florida 32225 ☒ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 500004719545--3 -12/11/01--01090--024 *****61.25 *****61.25
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CR2E034 (11/00)

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, with all other like empowered.

SIGNATURE: ____________________ 11/7/01 993-2345
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #