FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION **ANNUAL REPORT**

1998

TITLE NAME

STREET ADDRESS



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000079601 (6)

LADY LAKE SATELLITE, INC.

Principal Place of Business Mailing Address 127 S. HWY 27-441 127 S. HWY 27-441 LADY LAKE FL 32159 LADY LAKE FL 32159 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 09/19/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-3402935 26 Not Applicable 21 Suite, Apt. #, etc. Suite, Apt #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing \Box 23 28 Trust Fund Contribution Added to Fees Zip Country Ziri Country This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ∏ Yes 24 25 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 61 Name BRUSKO, STEPHEN BRUSKO, STEPHEN 127 S. HWY-27-441 is Not Acceptable) Street Address (P.O. Box Number 62 C-25 LADYLŁAKE FL 32159 83 City 84 WEIRS DALE 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-instating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. 13. DELETE 1.1 TITLE TITLE STEPHEN BRUSKO Brusko, stephen NAME 1.2 NAME 127 S. HWY 27-441 15625 C-25 1.3 STREET ADDRESS STREET ADDRESS LADY LAKE FL WEIRSDALE 1.4 CITY - S1 - ZIP CITY-ST-ZIF Addition DELETE 2.1 TITLE TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIF 2. 4 CITY-ST-ZIP DELETE Change Addition 3.1 TITLE TITLE NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST - ZIP Change Addition TITLE DELETE 4.1 DTL8 NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - \$1 - ZIP DELETE Change . Addition 5.1 HILE TITLE NAME 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS 54 CHY-ST-ZIP CITY-ST-ZIP

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.

6.4 CITY - ST- ZIP

6.1 1IFLE

6.2 NAME 6.3 STREET ADDRESS

DELETE

Addition

Change

FILED

May 01 1998 8:00am

Secretary of State