

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 17, 2001 8:00 am**  
**Secretary of State**

05-17-2001 91309 021 \*\*\*150.00

**DOCUMENT # P97000031886**  
 1. Entity Name\*  
**FUTURE VISION SATELLITE COMMUNICATIONS, INC.**

Principal Place of Business      Mailing Address  
 13730 STATE RD 84 #173      13730 STATE RD 84 #173  
 DAVIE FL 33325      DAVIE FL 33325  
 US      US

2. Principal Place of Business      3. Mailing Address  
 Suite, Apt. #, etc.      14310 SW 14<sup>TH</sup> ST.  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State      4. FEI Number      Applied For  
 DAVIE, FL      DAVIE, FL      65-0780983      Not Applicable

Zip      Country      Zip      Country  
 33325      US      33325      US

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



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent  
 EDWARDS, PAUL  
 14310 SW 14 STREET  
 DAVIE FL 33325

7. Name and Address of New Registered Agent  
 Name: ANDREA STOCKHAUSEN  
 Street Address (P.O. Box Number is Not Acceptable): 14310 S.W. 14<sup>TH</sup> ST.  
 City: DAVIE      FL      Zip Code: 33325

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]* ANDREA STOCKHAUSEN, PRESIDENT      3/13/01  
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.       **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

TITLE	PVTS	<input type="checkbox"/> Delete
NAME	PAUL EDWARDS	
STREET ADDRESS	14310 SW 14TH ST	
CITY-ST-ZIP	DAVIE FL 33325	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PTS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	ANDREA STOCKHAUSEN	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ANDREA STOCKHAUSEN	
STREET ADDRESS	14310 S.W. 14 <sup>TH</sup> ST.	
CITY-ST-ZIP	DAVIE, FL 33325	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *[Signature]* ANDREA STOCKHAUSEN      3/13/01  
Signature and typed or printed name of signing officer or director      Date      Daytime Phone #

CR2E034 (10/00)