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

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000038385

1. Corporation Name

SATELLITE COMMUNICATIONS, INC.

FILED Mar 31, 1999 8:00 am Secretary of State

03-31-1999 90054 014 ***158.75



Principal Place	of Business	Mailing Address		1 1201721 110 10(11 13011 00111 00111 00111	
2220 TARPON ROAD		2220 TARPON ROAD			
NAPLES FL 341	02	NAPLES FL 34102		DO NOT WRITE IN THIS	SPACE
	•			3. Date Incorporated or Qualifed	
				04/28/1997	J
2. Principal Pl	ace of Business	2a. Mailing Address		4. FEI Number	Applied For
	8 Linwood _	26 P.O. Box	652	59-3446331	Not Applicable
Suite, Apt.		Suite, Apt. #; etc.	, 		\$8.75 Additional
22		27		5. Certifcate of Status Desired	Fee Required
City & State	e	City & State	. معر	6. Election Campaign Financing	\$5.00 May Be
23 Nau	oles FL	28 Nanles	FL	Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes the current year In	tangible
24 3411	a 25 USA	29 34106	30 USA	Personal Property Tax.	Yes No
	9. Name and Address of Curren	t Registered Agent		10. Name and Address of New Registered	Agent
HEDSTROM, MARK D. 81 Name Thomas J Jardon					e.
HEDSTROM, MARK D			82 Street Addr	ress (P.O. Box Number is Not Acceptable)	1
2220 TARPON ROAD			<u> </u>	195 Harbor Road	3
NAPI	LES FL 34102		83	•	
			84 City		85 Zip Code
				oles <u>Fl</u>	- 34104
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					
office or re	egistered agent, or both, in the State of m familiar with, and accept the obligation	of Florida, Such change was au tions of, Section 607.0505, Flori	ida Statutes.	on's board of directors. Thereby accept the appe	Millimoni us regioneres
SIGNATURE					
SIGNATURE	Signature, typed or printed name of registered ager		Registered Agent signature require		
12.		D DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTORS IN 12 Change Addition
TITLE	PD	☐ DELETE	1.1 TTLE		☐ Change ☐ Addition [
NAME	JARDONE, THOMAS J		1.2 NAME	•	
STREET ADDRESS	2495 HARBOR ROAD		1.3 STREET ADDRESS		
CITY-ST-ZIP	NAPLES FL 34102		1.4 C/TY-ST-Z/P		
TITLE	STVD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	HEDSTROM, MARK D		2.2 NAME	ت منعد	Ì
STREET ADDRESS	2220 TARPON ROAD	-	2.3 STREET ADDRESS	Expression Services	
CITY-ST-ZIP	NAPLES FL 34102		2. 4 CITY-ST-ZIP		
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP	*** <u>* * * * * * * * * * * * * * * * * </u>		3.4. CITY-ST-ZIP		
TITLE	Fax .	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS	•	ļ
CITY-ST-ZIP		<u> </u>	4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE	_	☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		Ì
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE ,		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	, ,		6.2 NAME	• •	
STREET ADDRESS	1 . `		6.3 STREET ADDRESS	•	

CITY-ST-ZIP 14. 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 and appears, with all other like empowered.

6,4 CITY-ST-ZIP

SIGNATURE:

SIGNATURE AND PRED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR