

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

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Apr 29, 1999 8:00 am
Secretary of State

04-29-1999 90085 006 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katharine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000059642

1. Corporation Name

21ST CENTURY SATELLITE COMMUNICATIONS, INC.



Principal Place of Business 14910 WINDING CREEK CT STE 101-A TAMPA FL 33613 US	Mailing Address 13014 N DALE MABRY STE 366 TAMPA FL 33618 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	4. FEI Number	Applied For
21	26	07/03/1997	59-3455476	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired	\$8.75 Additional Fee Required	
22	27	<input type="checkbox"/>		
City & State	City & State	6. Election Campaign Financing	\$5.00 May Be Added to Fees	
23	28	Trust Fund Contribution	<input type="checkbox"/>	
Zip	Zip	8. This corporation owes the current year Intangible	<input type="checkbox"/>	
24	29	Personal Property Tax.	<input type="checkbox"/>	
Country	Country		<input type="checkbox"/>	
25	30		<input type="checkbox"/>	

9. Name and Address of Current Registered Agent TYRRELL, SPENCER 3012 SABAL RD. TAMPA FL 33618	10. Name and Address of New Registered Agent 81 Name James R. Mitchell 82 Street Address (P.O. Box Number is Not Acceptable) 14502 North Dale Mabry 83 Suite 312 84 City Tampa FL 85 Zip Code 33618
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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 <i>[Signature]</i> VP		DATE	
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BYRCH, ROBERT	1.2 NAME	James R. Mitchell
STREET ADDRESS	28602 HANGING MOSS LOOP	1.3 STREET ADDRESS	14502 N. DALE MABRY STE 312
CITY-ST-ZIP	WESTLY CHAPEL FL 33543	1.4 CITY-ST-ZIP	TAMPA FL 33618
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	P/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TYRRELL, SPENCER	2.2 NAME	BYRCH, ROBERT
STREET ADDRESS	3012 SABAL RD.	2.3 STREET ADDRESS	28602 HANGING MOSS LOOP
CITY-ST-ZIP	TAMPA FL 33618	2.4 CITY-ST-ZIP	WESTLY CHAPEL, FL 33543
TITLE	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	V/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OWEN, ALLEN P	3.2 NAME	TYRRELL, SPENCER
STREET ADDRESS	5216 WILLIAM & MARY DR.	3.3 STREET ADDRESS	3012 SABAL RD.
CITY-ST-ZIP	RALEIGH NC 27616	3.4 CITY-ST-ZIP	TAMPA FL 33618
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	DR. RANCHO D. KHANT
STREET ADDRESS		4.3 STREET ADDRESS	50 BAHAMAS CIRCLE
CITY-ST-ZIP		4.4 CITY-ST-ZIP	DAVIS ISLAND, FL 33606
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	DONALD IRELAND
STREET ADDRESS		5.3 STREET ADDRESS	11301 MONTCALM RD
CITY-ST-ZIP		5.4 CITY-ST-ZIP	SPRING HILL FL 34608
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	T <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	GABE PANEPINTO
STREET ADDRESS		6.3 STREET ADDRESS	3901 APPIETREE RD
CITY-ST-ZIP		6.4 CITY-ST-ZIP	VALRICE FL 33594

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, with all other like empowered.

SIGNATURE: *[Signature]* JAMES R. MITCHELL 4-23-99 813 968 6982
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)