

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000059642

1. Entity Name

21ST CENTURY SATELLITE COMMUNICATIONS, INC.

FILED
May 15, 2000 8:00 am
Secretary of State

05-15-2000 90291 018 ***158.75

Principal Place of Business	Mailing Address
14910 WINDING CREEK CT STE 101-A TAMPA FL 33613 US	13014 N DALE MABRY STE 366 TAMPA FL 33618-2808 US

2. Principal Place of Business 3110 CHERRY PALM DR	3. Mailing Address 3110 CHERRY PALM DR
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Suite, Apt. #, etc. STE 355	Suite, Apt. #, etc. STE 355
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City & State TAMPA FL	City & State TAMPA FL
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Zip 33619	Country USA	Zip 33619	Country USA
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DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3455476	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent MITCHELL, JAMES 14502 N. DALE MABRY STE 312 TAMPA FL 33618	7. Name and Address of New Registered Agent Name Jeffrey A. Aman, Esq. Street Address (P.O. Box Number is Not Acceptable) 14502 N. Dale Mabry Hwy. Suite 300 City Tampa FL Zip Code 33618
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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 *Jeffrey A. Aman* DATE 4/26/00
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BYRCH, ROBERT 28602 HANGING MOSS LOOP WESTLY CHAPEL FL 33543 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BYRCH, ROBERT 28602 HANGING MOSS LOOP WESTLY CHAPEL FL 33543 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SPENCER, TYRELL 3012 SABAL RD. TAMPA FL 33618 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SPENCER TYRELL 4011 PRIORY AVE. TAMPA FL 33624 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HANT, RANCHOD K 50 BAHAMAS CIRCLE DAVIS ISLAND FL 33806 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RANCHOD KHANT (Same) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V IRELAND, DONALD 11301 MONTCLAM RD. SPRING HILL FL 33606 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T PANEPINTO, SABE 3901 APPLETREE RD. VALRICO FL 33594 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T/S GABE PANEPINTO (Same) <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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 another like empowered.

SIGNATURE: *Sabe Panepinto* SECT./TAS. 4/27/00 (813) 635-9646
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 19/99