

**Filing of Documents**

We enclose the following documents for filing with your office:

October 13, 1997

RE: COMMUNITY SATELLITE, INC.

1. Statement of Change of Registered Office and Registered Agent & check \$35.00

P970000082693

Please contact us if you have any questions.

To:

Secretary of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

*Law Offices*

**Richard M. Georges, P.A.**  
3656 First Avenue North  
St. Petersburg, FL 33713  
(813) 321-4420

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*Handwritten initials*

*Handwritten signature*

Charter No. P97000082693

Date Filed 9/24/97

### STATEMENT OF CHANGE OF REGISTERED OFFICE AND REGISTERED AGENT

Pursuant to the provisions of Sections 607.0501 and 607.0502, or 607.1508, Florida Statutes, the under-  
signed corporation, organized under the laws of the State of Florida, submits the following statement for  
the purpose of changing its registered office and registered agent in the State of Florida.

1. The name of the corporation is: COMMUNITY SATELLITE, INC.

2. The name and address of its present registered agent is:

RICHARD M. GEORGES  
3656 First Avenue North  
St. Petersburg, FL 33713

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3. The name and street address to which its registered agent is to be changed is:  
(P.O. BOX NOT ACCEPTABLE)

RICHARD SMITH  
4583 ULMAN AVE  
NORTH PORT, FL 34886

4. The street address of its registered office and the street address of the business office of its registered  
agent, as changed, are identical.

5. Such change was authorized by resolution duly adopted by its board of directors or by an officer of  
the corporation so authorized by the board of directors.

C. FORD FREY

(Typed or printed name and title)

Signature



(President or Vice President)

Date

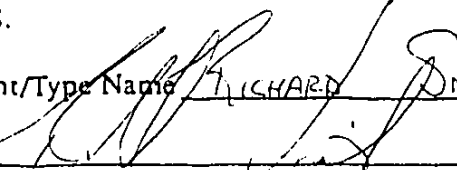
9/30/97

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE  
ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY  
ACCEPT THE APPOINTMENT AS REGISTERED AGENT AND AGREE TO ACT IN THIS CAPACITY. I FUR-  
THER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATIVE TO THE PROPER  
AND COMPLETE PERFORMANCE OF MY DUTIES, AND I AM FAMILIAR WITH AND ACCEPT THE  
OBLIGATION OF MY POSITION AS REGISTERED AGENT UNDER SECTION 607.0505, FLORIDA  
STATUTES.

Please Print/Type Name

RICHARD SMITH

Signature



(Agent)

Date

9-30-97