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 # P97000097579

1. Corporation Name

ALT ALITHODIZED SATELLITE INC

FILED Mar 03, 1999 8:00 am Secretary of State

03-03-1999 90106 049 ***150.00

וטאוא	HOHIZED SATELLITE, INC.				
Principal Plac	e of Business	Mailing Address		- I SERICERI SIO INICI INDI AND	EBLIK (EBB) BILIK KBBID IBIK IBBI
9381 LAKESIDE LANE		9381 LAKESIDE LANE		1	
		BOYTON BEACH FL 33437		DO NOT WRITE IN THIS	SPACE
<u> </u>				3. Date Incorporated or Qualifed	
		<u> </u>		11/13/1997	
2. Principal P	Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		65-0795196	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22		27			Fee Required
City & Stat	te	City & State		6. Election Campaign Financing	\$5.00 May Be Added to Fees
23 Zin	Country	28 Zip	Country	Trust Fund Contribution	
Zip		Zíp	⊣ •	This corporation owes the current year Interest Property Tax.	anginue l MaYes ∐No l
24	9. Name and Address of Curren		30	10. Name and Address of New Registered	
<u> </u>	9. Name and Address of Curren	t Registered Agent	81 Name	10. Italia and reduces of itali registered	7.39
80F	rtzner, gary				
9381 LAKESIDE LANE			82 Street Addr	ress (P.O. Box Number is Not Acceptable)	
J	TON BEACH FL 33437		83	<u> </u>	
)			(43)		}
			84 City	FL	85 Zip Code
dd Durauaat	to the previous of Sections 607 050	2 and 607 1509 Elevide Statutes	the choice named core	oration submits this statement for the purpose of	changing its registered
l office or i	registered agent, or both, in the State o	of Florida. Such change was aut	thorized by the corporation	on's board of directors. I hereby accept the appoint	intment as registered
agent. I a	im familiar with, and accept the obligat	tions of, Section 607.0505, Florid	da Statutes.		
SIGNATURE	<u> </u>			d when reinstating) DATE	
42	Signature, typed or printed name of registered agen OFFICERS AN		Registered Agent signature required 13.	ADDITIONS/CHANGES TO OFFICERS AT	ID DIRECTORS IN 12
12.	D OFFICERS AN	D DELETE	1,1 TITLE	ADDITIONS/CHANGES TO OFFICERS A	☐ Change ☐ Addition
\	BORTZNER, GARY				
NAME	9381 LAKESIDE LANE		1.2 NAME		'
STREET ADDRESS	BOYTON BEACH FL 33437		1.3 STREET ADDRESS		
CITY-ST-ZIP	P	☐ DELETE	1.4 CITY-ST-ZIP		Change Addition
TITLE		C DELETE			L'ollange L'Addition
NAME	DEVLIN, JAMES		2.2 NAME	· i	
STREET ADDRESS			2.3 STREET ADDRESS	والمهادة فراديا	
CITY-ST-ZIP	BOYNTON BEACH FL 33437	D DELETE	2.4 CITY-ST-ZIP		Change Addition
TITLE		☐ OELETE	3.1 TITLE		☐ cliquige ☐ Mudition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP	<u></u>	Dougte	3.4. CITY-ST-ZIP		Change Addition
TITLE		☐ DELETE	4.1 TITLE		Change Clynogon
NAME			4.2 NAME	·	
STREET ADDRESS			4.3 STREET ADORESS		Į.
CITY-ST-ZIP			1	•	
TITLE		El per est	4.4 CITY-ST-ZIP		Change Addition
NAME		☐ DELETE	5.1 TITLE	· · · · · · · · · · · · · · · · · · ·	Change Addition
)		☐ DELETE	5.1 TITLE 5.2 NAME		. ☐ Change ☐ Addition
STREET ADDRESS		☐ DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS	· · · · · · · · · · · · · · · · · · ·	Change Addition
STREET ADDRESS			5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP		
STREET ADDRESS		☐ DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE		Change Addition
STREET ADDRESS			5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE 6.2 NAME		
STREET ADDRESS CITY-ST-ZIP TITLE			5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE		

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 arrival 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 changes, or on an attachment with an address with all other like empowered.

SIGNATURE: