

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 25, 2002 8:00 am**  
**Secretary of State**

03-25-2002 90043 021 \*\*\*150.00

**DOCUMENT #** P98000051740 ✓  
**1. Entity Name**  
Space Coast Communications, Inc.

**DO NOT WRITE IN THIS SPACE**

**427747**

**2. Principal Place of Business**  
297 Barnes Blvd  
Suite, Apt. #, etc.

**3. Mailing Address**  
297 Barnes Blvd  
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

**City & State**  
Rockledge, FL  
**Zip** 32955 **Country** USA

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Rockledge, FL  
**Zip** 32955 **Country** USA

**4. FEI Number**  
522157273  
**Applied For**  
☐ **Not Applicable**

**5. Certificate of Status Desired** ☐ **\$8.75 Additional Fee Required**

**DO NOT WRITE  
IN THIS SPACE**

**7. Name and Address of Current Registered Agent**  
**Name** Victor Kastro  
**Street Address (P.O. Box Number is Not Acceptable)**  
1825 Riverview Drive  
**City** Melbourne **FL** **Zip Code** 32901

**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** \_\_\_\_\_ Signatures: typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing) **DATE** \_\_\_\_\_

**9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so (See criteria on back)** ☐

**January 1 - May 1 Fee is \$150.00**  
**After May 1, Fee is \$550.00**  
**Amended UBR is \$61.25**  
**Make Check Payable to Department of State**

**10. Election Campaign Financing Trust Fund Contribution.** ☐ **\$5.00 May Be Added to Fees**

**11. OFFICERS AND DIRECTORS**

**TITLE**  
**NAME** PTD RALPH ABRAYAYA  
**STREET ADDRESS** 4345 Canard Road  
**CITY - ST - ZIP** Melbourne, FL, 32934

**TITLE**  
**NAME** S MARIA ABRAYAYA  
**STREET ADDRESS** 4345 Canard Road  
**CITY - ST - ZIP** Melbourne, FL, 32934

**TITLE**  
**NAME** Michael Brubaker  
**STREET ADDRESS** 4345 Canard Road  
**CITY - ST - ZIP** Melbourne, FL, 32934

**TITLE**  
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**STREET ADDRESS**  
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IN THIS SPACE**

**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 on an attachment with an address with all other like empowered.**

**SIGNATURE** M Brubaker  
**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

3/6/02

Date

(321) 631-8073

Daytime Phone #

CR2E034B (12/01)