## 2000 UNIFORM BUSINESS REPORT (UBR)

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SIGNATURE:

## May 19, 2000 8:00 am Secretary of State DOCUMENT # **P99000104196** TIGER DIGITAL SATELLITE, INC. 05-19-2000 90027 012 \*\*\*150.00 Principal Place of Business Mailing Address 19822 W. DIXIE HIGHWAY 19822 W. DIXIE HIGHWAY AVENTURA FL 33180 AVENTURA FL 33180 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. 4. FEI Number 09 6×36/ Applied For City & State City & State Not Applicable \$8.75 Additional Zip Zip Country Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name VALLADARES, GEORGE L Street Address (P.O. Box Number is Not Acceptable) 1777 POLK ST., #2J HOLLYWOOD FL 33020 Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office of registered agent, or both, in the State of Florida. DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its intangible \$5.00 May Be 10. Election Campaign Financing After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. ☐ Change ☐ Addition ☐ Delete TITLE TITLE VALLADARES, GEORGE L NAME NAME STREET ADDRESS 1777 POLK ST., #2J STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP HOLLYWOOD FL 33020 ☐ Addition ☐ Change Delete TITLE TITLE PEREZ, YASMIRYS J NAME NAME STREET ADDRESS STREET ADDRESS 1777 POLK ST., #2J CITY-ST-ZIP CITY-ST-ZIP HOLLYWOOD FL 33020 ☐ Addition \_\_\_.Change TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITI F ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME 超 可知识 医结束定 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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

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