2000 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address,

SIGNATURE:

FILED DOCUMENT # **P99000104636** Mar 28, 2000 8:00 am **Secretary of State** ASTRO TELECOMMUNICATIONS, INC. 03-28-2000 90057 047 ***150.00 Mailing Address Principal Place of Business 6101 DUNCAN ROAD #4 6101 DUNCAN ROAD #4 PUNTA GORDA FL 33982 PUNTA GORDA FL 33982 2. Principal Place of Business Mailing Address 4101 DUNCAN Rd 6101 Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. サム #4 4. FEI Number Applied For City & State City & State 45-0969243 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required Charlotte 3395 O 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent CLIFFORD, TERRY L 6101 DUNCAN ROAD #4 **PUNTA GORDA FL 33982** 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. PRESIDENT Addition ☐ Change Delete TITLE TERRY L. ClizPord 6101 DUNCANRE ZY NAME STREET ADDRESS STREET ADDRESS Punta Gonda CITY-ST-ZIP CITY-ST-ZIP VILC MESIDEN Change Addition: ☐ Delete TITLE TITLE KIRK JOHNSON NAME NAME 6101 DUNCAN Rd #4 STREET ADDRESS STREET ADDRESS Punta Gonda, Fl. 33950 CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 with all other like empowered