FILED

2001 UNIFORM BUSINESS REPORT (UBR)

Apr 13, 2001 8:00 am Secretary of State DOCUMENT # P99000104636 ASTRO TELECOMMUNICATIONS, INC. 04-13-2001 90074 046 ***150.00 Principal Place of Business Mailing Address 6101 DUNCAN ROAD #4 6101 DUNCAN ROAD #4 \mathbf{v} \mathbf{v} \mathbf{v} \mathbf{v} PUNTA GORDA FL 33950 PUNTA GORDA FL 33950 2. Principal Place of Business 3. Mailing Address 5240 DUNCAN Rd 5240 DUNCAN RO Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0969243 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent IFFORD CLIFFORD, TERRY L ss (P.O. Box Number is Not Acceptable) Duncan Ed - Suite G 6101 DUNCAN ROAD #4 PUNTA GORDA FL 33950 Zip Code 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 printed name of registered agent and title if applicable equired when reinstating FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. CR2E034 (10/00) $\overline{\alpha / 3}$ ☐ Delete TITLE TITLE CLIFFORD, TERRY L NAME NAME 6101 DUNCAN RD #4 STREET ADDRESS STREET ADDRESS **PUNTA GORDA FL 33950** CITY-ST-ZIP CITY-ST-ZIP VID TITLE ☐ Delete TITLE Change JOHNSON, KIRK NAME NAME 6101 DUNCAN RD #4 STREET ADDRESS STREET ADDRESS PUNTA GORDA FL 33950 --CITY-ST-ZIP -CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

TERRY CIPSON A

3/6/2001 (941) 637 - 6646