

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Martham  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # S05982**

**(1)**

1. Corporation Name

**SATELLITE TV SERVICE, INC.**

Principal Place of Business

**2338 B GRIFFIN RD  
FT LAUDERDALE FL 33312**

Mailing Address

**2338 B GRIFFIN RD  
FT LAUDERDALE FL 33312**



2. Principal Place of Business

**21**

2a. Mailing Address

**26**

Suite, Apt. #, etc.

**22**

Suite, Apt. #, etc.

**27**

City & State

**23**

City & State

**28**

Zip

**24**

Country

**25**

Zip

**29**

Country

**30**

9. Name and Address of Current Registered Agent

**MAK, PETER  
2338 B GRIFFIN RD  
FT LAUDERDALE FL 33312**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

**FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent's signature required when readdressing)

DATE

CR2E034 (12/95)

| 12. OFFICERS AND DIRECTORS |                          | 13.                             | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12              |                                                                   |
|----------------------------|--------------------------|---------------------------------|----------------------------------------------------------------|-------------------------------------------------------------------|
| TITLE                      | <b>D</b>                 | <input type="checkbox"/> DELETE | 1.1 TITLE<br>1.2 NAME<br>1.3 STREET ADDRESS<br>1.4 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>MAK, PETER</b>        |                                 |                                                                |                                                                   |
| STREET ADDRESS             | <b>2338 B GRIFFIN RD</b> |                                 |                                                                |                                                                   |
| CITY-ST-ZIP                | <b>FT LAUDERDALE FL</b>  |                                 |                                                                |                                                                   |
| TITLE                      |                          | <input type="checkbox"/> DELETE | 2.1 TITLE<br>2.2 NAME<br>2.3 STREET ADDRESS<br>2.4 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                          |                                 |                                                                |                                                                   |
| STREET ADDRESS             |                          |                                 |                                                                |                                                                   |
| CITY-ST-ZIP                |                          |                                 |                                                                |                                                                   |
| TITLE                      |                          | <input type="checkbox"/> DELETE | 3.1 TITLE<br>3.2 NAME<br>3.3 STREET ADDRESS<br>3.4 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                          |                                 |                                                                |                                                                   |
| STREET ADDRESS             |                          |                                 |                                                                |                                                                   |
| CITY-ST-ZIP                |                          |                                 |                                                                |                                                                   |
| TITLE                      |                          | <input type="checkbox"/> DELETE | 4.1 TITLE<br>4.2 NAME<br>4.3 STREET ADDRESS<br>4.4 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                          |                                 |                                                                |                                                                   |
| STREET ADDRESS             |                          |                                 |                                                                |                                                                   |
| CITY-ST-ZIP                |                          |                                 |                                                                |                                                                   |
| TITLE                      |                          | <input type="checkbox"/> DELETE | 5.1 TITLE<br>5.2 NAME<br>5.3 STREET ADDRESS<br>5.4 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                          |                                 |                                                                |                                                                   |
| STREET ADDRESS             |                          |                                 |                                                                |                                                                   |
| CITY-ST-ZIP                |                          |                                 |                                                                |                                                                   |
| TITLE                      |                          | <input type="checkbox"/> DELETE | 6.1 TITLE<br>6.2 NAME<br>6.3 STREET ADDRESS<br>6.4 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                          |                                 |                                                                |                                                                   |
| STREET ADDRESS             |                          |                                 |                                                                |                                                                   |
| CITY-ST-ZIP                |                          |                                 |                                                                |                                                                   |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 changed or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**16-96-954-9819383**

Date

Daytime Phone #