

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S35980

1. Entity Name

"YOUR" SATELLITE CONNECTION, INC.

FILED

May 18, 2000 8:00 am
Secretary of State

05-18-2000 90360 023 ***150.00

Principal Place of Business Mailing Address
708 US HWY 27 S
LAKE PLACID FL 33852
US

708 US HWY 27 S
LAKE PLACID FL 33852-9515
US

2. Principal Place of Business 3. Mailing Address
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
Lk. Placid, FL.

Zip Country Zip Country
33852



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3053613 Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent

HARRIS, TIMOTHY R
708 US HWY 27 S
LAKE PLACID FL 33852

ANNE S. HARRIS
120 LK. FRANCIS DRIVE
Lk. Placid, FL. 33852

Name ANNE S. HARRIS
Street Address (P.O. Box Number is Not Acceptable)
YOUR SATELLITE CONNECTION INC.
120 LK FRANCIS DRIVE
City Lk. Placid, FL Zip Code 33852

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 Timothy R Harris Tim Harris 4-28-00
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	VP	<input type="checkbox"/> Delete	TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARRIS, TIMOTHY R		NAME	ANNE S. HARRIS	
STREET ADDRESS	1725 LK JOSEPHINE DR		STREET ADDRESS	120 LK. FRANCIS DRIVE	
CITY-ST-ZIP	SEBRING FL 33872		CITY-ST-ZIP	LK. PLACID, FL. 33852	
TITLE	P	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARRIS, TIMOTHY R		NAME		
STREET ADDRESS	1725 LK JOSEPHINE DR		STREET ADDRESS		
CITY-ST-ZIP	SEBRING FL 33872		CITY-ST-ZIP		
TITLE	Sec. - Treasurer	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARRIS, TIMOTHY R		NAME		
STREET ADDRESS	1725 LK JOSEPHINE DR		STREET ADDRESS		
CITY-ST-ZIP	SEBRING FL 33872		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: ANNE S. HARRIS Anne S. Harris Pres. 4-28-00 863-699-1947
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #