

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # S51090

1. Corporation Name
SPACENET, INC.

Principal Place of Business
1900 SOUTH HARBOR CITY BOULEVARD
SUITE 337
MELBOURNE FL 32901-4762

Mailing Address
1900 SOUTH HARBOR CITY BOULEVARD
SUITE 337
MELBOURNE FL 32901-4762

FILED
Apr 16, 1999 8:00 am
Secretary of State

04-16-1999 90031 017 ***158.75



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/09/1991

4. FEI Number

59-3070590

Applied For

Not Applicable

5. Certificate of Status Desired

X

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

□

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax.

X

Yes

□ No

9. Name and Address of Current Registered Agent

HOFFMAN, THOMAS C
1900 SOUTH HARBOR CITY BOULEVARD
SUITE 337
MELBOURNE FL 32901

10. Name and Address of New Registered Agent

81 Name LAURENCE A. HALL JR.
82 Street Address (P.O. Box Number is Not Acceptable)
907 E. STRAWBRIDGE AVE
83 SUITE D
84 City MELBOURNE FL 85 Zip Code 32901

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 LAURENCE A. HALL JR. PRESIDENT *Laurence A. Hall Jr.* 4/11/99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME HOFFMAN, THOMAS C.
STREET ADDRESS 450 MOSSWOOD BLVD.
CITY-ST-ZIP INDIALANTIC FL
□ DELETE

TITLE V
NAME HOFFMAN, DENISE G.
STREET ADDRESS 450 MOSSWOOD BLVD.
CITY-ST-ZIP INDIALANTIC FL
X DELETE

TITLE VD
NAME HALL, LAWRENCE A. JR
STREET ADDRESS 1208 RIVER ROAD
CITY-ST-ZIP MELBOURNE FL 32901
□ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
□ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
□ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
□ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE T/D
1.2 NAME HOFFMAN, THOMAS C.
1.3 STREET ADDRESS 473 RED SAIL WAY
1.4 CITY-ST-ZIP SATELLITE BEACH, FL 32937
X Change □ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
□ Change □ Addition

3.1 TITLE P/D
3.2 NAME HALL, LAWRENCE A. JR
3.3 STREET ADDRESS 1208 E. RIVER DRIVE UNIT #101
3.4 CITY-ST-ZIP MELBOURNE, FL 32901
X Change □ Addition

4.1 TITLE V/D
4.2 NAME ARDEN GEIST JR.
4.3 STREET ADDRESS 1333 PROSPECT CIR NE
4.4 CITY-ST-ZIP PALM BAY, FL 32907
□ Change X Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
□ Change □ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP
□ Change □ Addition

14. 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 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, with all other like empowered.

SIGNATURE: *Laurence A. Hall Jr.* LAURENCE A. HALL JR 4/11/99 (407) 951-1717
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)