

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 02, 2004 8:00 am
Secretary of State

04-02-2004 90031 015 ***150.00

DOCUMENT # S64706	
1. Entity Name RADIO SATELLITE INTEGRATORS, INCORPORATED	

Principal Place of Business 20695 S. WESTERN AVENUE STE. 140 TORRANCE CA 90501 US	Mailing Address 20695 S. WESTERN AVENUE SUITE 140 TORRANCE CA 30501 US
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44023886



MOORE CR2E034 (11/03)

2. Principal Place of Business 19144 Van Ness Avenue	3. Mailing Address 19144 Van Ness Avenue
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Torrance, California	City & State Torrance, California
Zip 90501	Country USA

4. FEI Number 33-0477102	☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent BURDA, BRIAN 2429 E. SCARLETT OAK CT. SARASOTA FL 34232	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) **DATE** _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$350.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE D ☐ Delete	NAME BURDA, BRIAN	TITLE ☒ Change ☐ Addition	NAME BURDA, BRIAN
STREET ADDRESS 108 N HELBERTA	CITY-ST-ZIP REDONDO BEACH CA	STREET ADDRESS 20105 BERNIST AVENUE	CITY-ST-ZIP TORRANCE, CA 90503
TITLE D ☐ Delete	NAME MICHELS, JON	TITLE ☐ Change ☐ Addition	NAME
STREET ADDRESS 657 3RD STREET	CITY-ST-ZIP HERMOSA BEACH CA	STREET ADDRESS	CITY-ST-ZIP
TITLE ☐ Delete	NAME	TITLE ☐ Change ☐ Addition	NAME
STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS	CITY-ST-ZIP
TITLE ☐ Delete	NAME	TITLE ☐ Change ☐ Addition	NAME
STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS	CITY-ST-ZIP
TITLE ☐ Delete	NAME	TITLE ☐ Change ☐ Addition	NAME
STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS	CITY-ST-ZIP
TITLE ☐ Delete	NAME	TITLE ☐ Change ☐ Addition	NAME
STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS	CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Jon Michels **DATE:** 3/24/04 **DAYTIME PHONE #:** (310) 787-7700