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 # \$77398

1. Corporation Name

ADVANCED BROADCAST SYSTEMS & SATELLITE, INC.

Apr 22, 1999 8:00 am Secretary of State

04-22-1999 90116 003 ***150.00



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Principal Place	e of Business	Mailing Address	Mailing Address) 1001/019 Ith 10011 10000 Clica to let alott			
•		241 NE 10TH AVENUE							
241 NE 10TH AVENUE CAPE CORAL FL 33909		CAPE CORAL FL 33909				RITE IN THIS	SPACE		
					3. Date Incorporated or Qualife		<u> </u>		
					09/03/1991	-			
* 2. Principal Pl	lace of Business	- 2a. Mailing Address		-	4. FEI Number		- A	pplied For	
21		26			65-0282937		N	ot Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desired			Additional	
22		27			J. Certificate of Status Desired	<u></u>	Fee R	equired	
City & State	9	City & State			6. Election Campaign Financing	, \Box	•	May Be	
23	<u></u>	28			Trust Fund Contribution			to Fees	
Zip	Country	Zip		untry	8. This corporation owes the cu	irrent year Inta		GN ₀	
24	25	29	30	T	Personal Property Tax.	. Domintored	∐ Yes	N₀	
	9. Name and Address of Cu	rrent Registered Agent		81 Name	10. Name and Address of New	Registered /	-yent		
WOLF, PAUL J.									
	.r, paul J. Ne 10th avenue		•	82 Street Add	ress (P.O. Box Number is Not Accep	otable)			
	E CORAL FL 33909			83					
CAP	E COUNT LT 22303								
				84 City		FL	85 Zip	Code	
44 5	40-607	DE02 and C07 1E09 Elorida Statut	os the a	bove-named corr	poration submits this statement for the	e purpose of	 changing it	s registered	
office or n	egistered agent or both in the St	tate of Florida. Such change was a bligations of, Section 607.0505, Flo	umonzec	a by the corporati	ion's board of directors. I hereby acc	ept the appoin	ntment as re	egistered	
SIGNATURE	Signature, typed or printed name of registered	d agent and title if applicable (NOTF	: Registered	d Agent signature requir	ed when reinstating)	DATE			
12.		S AND DIRECTORS	13.		ADDITIONS/CHANGES TO C	FFICERS AN	ID DIRECT	ORS IN 12	
TITLE	PVC	☐ DELETE	1.1 TI		- No. of	,	Change		
NAME	WOLF, PAUL J.		1.2 N	IAME					
STREET ADDRESS	241 NE 10TH AVENUE		1.3 5	TREET ADDRESS					
CITY-ST-ZIP	CAPE CORAL FL			ETY-ST-ZIP					
TITLE	ST	☐ DELETE	2.1 TI				Change	Addition	
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NAME	CAPE CORAL FL	DELETE	2.4 C 3.1 TT 3.2 No 3.3 ST	CITY-ST-ZIP ITLE IAME					
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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.