2004 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

FILED **DOCUMENT # V23253** 1. Entity Name 04 APR 29 PM 12: 52 COMMUNICATIONS VISION SATELLITE CORP. SECRETARY OF STATE TALLAHASSEE, SLORIDA Principal Place of Business Mailing Address 200 S. BISCAYNE BLVD., 4100 FLOOR 200 S. BISCAYNE BLVD., 4100 FLOOR MIAMI, FL 33131 MIAMI, FL 33131 01272004 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0323438 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent CORPORATE INTERNATIONAL REG. AGENT, INC. DO NOT WRITE 200 S. BISCAYNE BLVD., 41 FLOOR MIAMI, FL 33131 IN THIS SPACE 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. Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2004 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. DPST TITLE SAMPEDRO, LUIS J M NAME 2 S BISCAYNE BLVD STE 3400 STREET ADDRESS CITY-ST-7IP MIAMI, FL 33131 04/29/04--01022--005 **950.00 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE City-St-7IP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME 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 of 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 appears in block 10 or Block 11 if

ITED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #