SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

FILED Aug 12 1997 8:00am Secretary of State

POCUMEN # \$64706 (2) 1. Corporation Name RADIO SATELLITE INTEGRATORS, INCORPORATED	
Principal Place of Business Mailing Address	.
20695 S. WESTERN AVENUE 20695 S. WESTERN AVENUE	
STE. 140 SUITE 140	
TORRANCE CA 90501 TORRANCE CA 30501	DO NOT WRITE IN THIS SPACE
US	rporated or Qualified Sa. Date of Last Report 05/01/1996
2. Principal Place of Business 2a. Mailing Address 4. FEI Numb	
21 26 33-047	
Suite Ant # etc	of Status Desired S8.75 Additional
22 27 S. Certificate	Fee Required
 '	Campaign Financing \$5.00 May Be
	d Contribution
	oration owes or has paid the current year Intangible Property Tax due June 30. Yes No
	d Address of New Registered Agent
BURDA, BRIAN 81 Name	
2429 E. SCARLETT OAK CT. 82 Street Address (P.O. Box No.	umber is Not Accentable)
SARASOTA FL 34232	,
83	
84 City	85 Zip Code
	FL S 25 0000
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of diagent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE	rectors. I hereby accept the appointment as registered
Signature, typed or printed name of registered agent and life if applicable (NO1£: Registered Agent is gnature required when reinstalling)	DATE
	S/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition
TITLE D LITTLE 1.1 TITLE 1.1 TITLE 1.2 TITLE 1.2 TITLE 1.2 TITLE 1.2 TITLE 1.2 TITLE 1.2 TITLE 1.3 TITLE 1.3 TITLE 1.3 TITLE 1.4 TITLE 1	C outries C Addition
STREET ADDRESS 108 N HELBERTA 1.3 STREET ADDRESS	
CITY-ST-ZIP REDONDO BEACH CA 1.4 CITY-ST-ZIP	
TITLE D LETTE 2.1 TITLE	Change Addition
NAME MICHELS, JON 22 NAME	
STREET ADDRESS 657 3RD STREET 23 STREET ADDRESS	
CITY-ST-ZIP HERMOSA BEACH CA 2.4 CITY-ST-ZIP	
TITLE DELETE 3.1 TITLE	Change Addition
NAME 32 NAME	
STREET ADDRESS 3.3 STREET ADDRESS	
CITY-ST-ZIP 34. CITY-ST-ZIP	Change Addition
NAME 4.2 NAME	
STREET ADDRESS 4.3 STREET ADDRESS	
CITY-ST-ZIP 4.4 CITY-SI-ZIP	
TITLE DELETE 5.1 TITLE	☐ Change ☐ Addition
NAME 5.2 NAME	
STREET ADDRESS 5.3 STREET ADDRESS	
CITY-ST-ZIP 5.4 CITY-ST-ZIP	
TITLE DELETE 6.1 TITLE	Change Addition
NAME 6.2 NAME	
STREET ADDRESS 63 STREET ADDRESS	
CRY-ST-ZIP 6.4 CITY-ST-ZIP 6.4 CITY-ST-ZIP 14. I do hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.0	07(3)(i). Florida Statutes 1 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 dijector 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 altachment with an address.

Johathan Michels/President

8/5/97

(310)787-7700