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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOMESTIC
ANNUAL REPORT
1995

FILED
Secretary of State
STATE OF FLORIDA

DOCUMENT # 328827 (1)

1. Corporate Name
AMERICAN DISH SERVICE COMPANY OF CENTRAL FLORIDA , INC.

Principal Place of Business	Mailing Address
9000-131 PLACE, NORTH LARGO FL 34643	9000-131 PLACE, NORTH LARGO FL 34643

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 04/15/1968
3a. Date of Last Report: 02/18/1994

2. Principal Place of Business (21):
2a. Mailing Address (26):

Suite, Apt. #, etc. (22):
Suite, Apt. #, etc. (27):

City & State (23):
City & State (28):

Zip (24): Country (25):
Zip (29): Country (30):

4. FEI Number: 59-1261619 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

GILBERT,ROSEMARY A
311 CRESTWOOD LANE
LARGO FL 34640

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

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: (Typed signature is not acceptable; must be signed by the Applicant) (NOTE: Registered Agent signature required when changing) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	VD	1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	GILBERT, FRANK C.	1.2 NAME	
1.3 STREET ADDRESS	311 CRESTWOOD LANE	1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	LARGO FL	1.4 CITY-ST-ZIP	
2.1 TITLE	TD	2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	GILBERT, ROSEMARY A	2.2 NAME	
2.3 STREET ADDRESS	311 CRESTWOOD LANE	2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	LARGO FL	2.4 CITY-ST-ZIP	
3.1 TITLE	D	3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	GOLDEN, DEBRA A.	3.2 NAME	
3.3 STREET ADDRESS	1824 OAKDALE LANE S.	3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	CLWTR FL	3.4 CITY-ST-ZIP	
4.1 TITLE	PD	4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	GILBERT, BRUCE E	4.2 NAME	
4.3 STREET ADDRESS	311 CRESTWOOD LANE	4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	LARGO FL	4.4 CITY-ST-ZIP	
5.1 TITLE		5.1 TITLE	☐ Change ☐ Addition
5.2 NAME		5.2 NAME	
5.3 STREET ADDRESS		5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP		5.4 CITY-ST-ZIP	
6.1 TITLE		6.1 TITLE	☐ Change ☐ Addition
6.2 NAME		6.2 NAME	
6.3 STREET ADDRESS		6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this report is voluntarily furnished and 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 with an address.

SIGNATURE: Rosemary A. Gilbert Treasurer 2-22-95 813-585-8201
SIGNATURE AND TYPED OR PRINTED NAME OF FLORIDA OFFICER OR DIRECTOR — Date — Daytime Phone #

ROSEMARY A. GILBERT

0302000 CP