FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **694267** **(6)**

1. Corporation Name

DOMINION VIDEO SATELLITE, INC.

Principal Place of Business	Mailing Address
5551 RIDGEWOOD DR STE 505 NAPLES FL 33963 US	5551 RIDGEWOOD DR SUITE 505 PO BOX 7609 NAPLES FL 33963-2707

3. Date Incorporated or Qualified: **07/11/1981**
3a. Date of Last Report: **04/28/1995**

2. Principal Place of Business — 21:
Suite, Apt. #, etc. — 22:
City & State — 23:
Zip — 24: Country — 25:

2a. Mailing Address — 26:
Suite, Apt. #, etc. — 27:
City & State — 28:
Zip — 29: Country — 30:

4. FEI Number: **59-2647276** ☐ 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

JOHNSON, ROBERT W.
5551 RIDGEWOOD DRIVE SUITE 505
NAPLES FL 33963

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: _____ (NOTE: If changing Agent, Agent must sign here.) DATE: _____

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	CHD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	JOHNSON, ROBERT W.		1.2 NAME		
STREET ADDRESS	233 9TH AVENUE S.		1.3 STREET ADDRESS		
CITY-ST-ZIP	NAPLES FL		1.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	DUKE, CHARLES M		2.2 NAME		
STREET ADDRESS	280 LAKEVIEW		2.3 STREET ADDRESS		
CITY-ST-ZIP	NEW BRAUNFEL TX		2.4 CITY-ST-ZIP		
TITLE	VD	☐ DELETE	3.1 TITLE	Vice President	☒ Change ☐ Addition
NAME	SCHULTZ, G. CLINTON		3.2 NAME		
STREET ADDRESS	966 HAPPY RD		3.3 STREET ADDRESS		
CITY-ST-ZIP	N FT MYERS FL		3.4 CITY-ST-ZIP		
TITLE	ASD	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	SWANSON, RANDY		4.2 NAME		
STREET ADDRESS	11327 REID PL		4.3 STREET ADDRESS		
CITY-ST-ZIP	GRASS VALLEY CA		4.4 CITY-ST-ZIP		
TITLE	DPS	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	RUNDLE, ALLEN		5.2 NAME		
STREET ADDRESS	1128 YORK LN		5.3 STREET ADDRESS		
CITY-ST-ZIP	VIRGINIA BCH VA		5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this filing 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 hereof, or on an attachment with an address.

SIGNATURE: Robert W. Johnson — 5-16-96 — (941) 597-3320

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #