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Mar 29, 1999 8:00 am
Secretary of State

03-29-1999 90007 049 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **694267**

1. Corporation Name
DOMINION VIDEO SATELLITE, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business: 3050 N HORSESHOE DR. SUITE 290 NAPLES FL 34104 US
 Mailing Address: SUITE 290, PO BOX 7609 NAPLES FL 33963-2707 US

3. Date Incorporated or Qualified: 07/11/1981
 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 owes the current year Intangible Personal Property Tax: Yes No

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

9. Name and Address of Current Registered Agent
JOHNSON, ROBERT W.
3050 N HORSESHOE DRIVE
SUITE 290
NAPLES FL 34104

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: _____ DATE: _____
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	CP	<input type="checkbox"/> DELETE
NAME	JOHNSON, ROBERT W.	
STREET ADDRESS	233 9TH AVENUE S.	
CITY-ST-ZIP	NAPLES FL	
TITLE	VFPD	<input type="checkbox"/> DELETE
NAME	JOHNSON, ROBERT W JR	
STREET ADDRESS	1176 QUAIL VILLAGE WAY	
CITY-ST-ZIP	NAPLES FL	
TITLE	VPSD	<input checked="" type="checkbox"/> DELETE
NAME	SWANSON, RANDY	
STREET ADDRESS	5365 FAIRFIELD	
CITY-ST-ZIP	FT MYERS FL 33910	
TITLE	VASD	<input type="checkbox"/> DELETE
NAME	RUNDLE, ALLEN	
STREET ADDRESS	6060 PELICAN BAY BLVD B-201	
CITY-ST-ZIP	NAPLES FL 34108	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	VICE PRESIDENT-FINANCE, <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	TREASURER, DIRECTOR
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	VICE PRESIDENT, <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	SECRETARY, DIRECTOR
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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.

SIGNATURE: *Robert W. Johnson* Robert W. Johnson, CEO 3-12-99 (941) 403-9130
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/98)