

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED
Apr 23 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 694267 (6)
 1. Corporation Name
DOMINION VIDEO SATELLITE, INC.



Principal Place of Business 5551 RIDGEWOOD DR 07E-085 NAPLES FL 09303 US	Mailing Address 5551 RIDGEWOOD DR SUITE 505 PO BOX 7609 NAPLES FL 34101-7609
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2. Principal Place of Business 21 3050 N. Horseshoe Dr.		2a. Mailing Address 26 3050 N. Horseshoe Dr.		3. Date Incorporated or Qualified 07/11/1981	3a. Date of Last Report 05/21/1996
Suite, Apt. #, etc. 22 Suite 290		Suite, Apt. #, etc. 27 Suite 290, PO 7609		4. FEI Number 59-2647276	Applied For Not Applicable
City & State 23 Naples, Florida		City & State 28 Naples, FL		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
Zip 24 34104	Country 25 Collier	Zip 29 34104	Country 30 USA	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					

9. Name and Address of Current Registered Agent JOHNSON, ROBERT W. 5551 RIDGEWOOD DRIVE SUITE 505 NAPLES FL 33903				10. Name and Address of New Registered Agent	
81 Name				82 Street Address (P.O. Box Number is Not Acceptable) 3050 N. Horseshoe Drive, Suite 290	
83				84 City Naples	
85 Zip Code FL 34104					

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 *Robert W. Johnson* **Robert W. Johnson** **4-18-97**
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	CHD	<input type="checkbox"/> DELETE	1.1 TITLE				<input type="checkbox"/> Change <input type="checkbox"/> 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	<input type="checkbox"/> DELETE	2.1 TITLE				<input type="checkbox"/> Change <input type="checkbox"/> 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	VP	<input checked="" type="checkbox"/> DELETE	3.1 TITLE				<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHULTZ, G. GUNTON		3.2 NAME				
STREET ADDRESS	908 HAPPY RD		3.3 STREET ADDRESS				
CITY-ST-ZIP	N FT MYERS FL		3.4 CITY-ST-ZIP				
TITLE	ASD	<input type="checkbox"/> DELETE	4.1 TITLE	VICE PRES. SECRETARY DIR.			<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SWANSON, RANDY		4.2 NAME				
STREET ADDRESS	11327 REID PL		4.3 STREET ADDRESS	986 N. Waterway			
CITY-ST-ZIP	GRASS VALLEY CA		4.4 CITY-ST-ZIP	Ft. Myers, FL 33919			
TITLE	DPS	<input type="checkbox"/> DELETE	5.1 TITLE	Director, President			<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RUNDLE, ALLEN		5.2 NAME	Asst. Secy.			
STREET ADDRESS	1128 YORK LN		5.3 STREET ADDRESS	690 Regatta Rd			
CITY-ST-ZIP	VIRGINIA BCH VA		5.4 CITY-ST-ZIP	Naples, FL 34103			
TITLE	JOHNSON, Robert W., Jr.	<input type="checkbox"/> DELETE	6.1 TITLE	Vice President Finance			<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			6.2 NAME	Robert W. Johnson, Jr.			
STREET ADDRESS			6.3 STREET ADDRESS	1176 Quail Village Way			
CITY-ST-ZIP			6.4 CITY-ST-ZIP	Naples, FL 33999			

14. I do 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.

SIGNATURE *Robert W. Johnson* **Robert W. Johnson** (941) 403-9130

CR2E034 (9/96)