

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

FILED
Apr 23 1997 8:00am
Secretary of State

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| 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.



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| Principal Place of Business 5551 RIDGEWOOD DR 07E-085 NAPLES FL 09903 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. Suite, Apt. #, etc. 22 Suite 290 City & State 23 Naples, Florida Zip 24 34104 Country 25 Collier | 2a. Mailing Address 26 3050 N. Horseshoe Dr. Suite, Apt. #, etc. 27 Suite 290, PO 7609 City & State 28 Naples, FL Zip 29 34104 Country 30 USA | 3. Date Incorporated or Qualified 07/11/1981 | 3a. Date of Last Report 05/21/1996 |
| | | 4. FEI Number 59-2647276 | Applied For Not Applicable |
| | | 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
| | | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| | | 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |

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|---|--|--|--|--|--|--|--|
| 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 | SOHULTZ, G. OLINTON | | 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)