

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 15, 2007 8:00 am
Secretary of State

03-15-2007 90027 049 ***158.75

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01082007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2647276	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

DOCUMENT # 694267
 1. Entity Name
 DOMINION VIDEO SATELLITE, INC.



Principal Place of Business 3050 N HORSESHOE DR. SUITE 290 NAPLES, FL 34104 US	Mailing Address 3050 N HORSESHOE DR. SUITE 290 NAPLES, FL 34104 US
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DO NOT WRITE IN THIS SPACE

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

DO NOT WRITE IN THIS SPACE

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

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

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEOD JOHNSON, ROBERT W JR 3050 HORSESHOE DRIVE NO. STE 290 NAPLES, FL 34104
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPRD JOHNSON, KATHLEEN L 3050 HORSESHOE DRIVE NO. STE 290 NAPLES, FL 34104
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIR JOHNSON, JEANNIE 3050 HORSESHOE DRIVE NO. STE 290 NAPLES, FL 34104
TITLE NAME STREET ADDRESS CITY-ST-ZIP	GCSD SCOTT, THOMAS G 3050 HORSESHOE DR SUITE 290 NAPLES, FL 34104
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [Signature] Secretary Date: 3-5-07
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #