FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 APR 26 PM 1:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/11/1981	3a. Date of Last Report: 05/10/1994
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. The corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No	

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / County 25	Zip 29 / County 30

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	CHD	11 TITLE		☐ Change ☐ Addition
NAME	JOHNSON, ROBERT W.	12 NAME		
STREET ADDRESS	233 9TH AVENUE S.	13 STREET ADDRESS		
CITY-ST-ZIP	NAPLES FL	14 CITY-ST-ZIP		
TITLE	D	21 TITLE		☐ Change ☐ Addition
NAME	DUKE, CHARLES M	22 NAME		
STREET ADDRESS	280 LAKEVIEW	23 STREET ADDRESS		
CITY-ST-ZIP	NEW BRAUNFEL TX	24 CITY-ST-ZIP		
TITLE	VD	31 TITLE		☐ Change ☐ Addition
NAME	SCHULTZ, G. CLINTON	32 NAME		
STREET ADDRESS	966 HAPPY RD	33 STREET ADDRESS		
CITY-ST-ZIP	N FT MYERS FL	34 CITY-ST-ZIP		
TITLE	ASD	41 TITLE		☐ Change ☐ Addition
NAME	SWANSON, RANDY	42 NAME		
STREET ADDRESS	11327 REID PL	43 STREET ADDRESS		
CITY-ST-ZIP	GRASS VALLEY CA	44 CITY-ST-ZIP		
TITLE	DPS	51 TITLE		☐ Change ☐ Addition
NAME	RUNDLE, ALLEN	52 NAME		
STREET ADDRESS	1128 YORK LN	53 STREET ADDRESS		
CITY-ST-ZIP	VIRGINIA BCH VA	54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

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 if changed or on an attachment with an address.

SIGNATURE: _____ Robert W. Johnson, C/Man CEO 4-25-95 813 5973320
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Daytime Phone #)

0331024 CP