

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~~
~~STE 605~~
~~NAPLES FL 33903~~
US

Mailing Address
5551 RIDGEWOOD DR SUITE 505
PO BOX 7609
NAPLES FL 34101-7609

3. Date Incorporated or Qualified 07/11/1981
3a. Date of Last Report 05/21/1996

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

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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

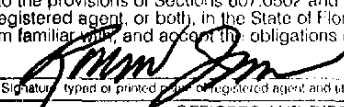
9. Name and Address of Current Registered Agent

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 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

TITLE	CHD	<input type="checkbox"/> DELETE
NAME	JOHNSON, ROBERT W.	
STREET ADDRESS	233 9TH AVENUE S.	
CITY-ST-ZIP	NAPLES FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	DUKE, CHARLES M	
STREET ADDRESS	280 LAKEVIEW	
CITY-ST-ZIP	NEW BRAUNFEL TX	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	SCHULTZ, G. OLINTON	
STREET ADDRESS	808 HAPPY RD	
CITY-ST-ZIP	FT MYERS FL	
TITLE	ASD	<input type="checkbox"/> DELETE
NAME	SWANSON, RANDY	
STREET ADDRESS	11327 REID PL	
CITY-ST-ZIP	GRASS VALLEY CA	
TITLE	DPS	<input type="checkbox"/> DELETE
NAME	RUNDLE, ALLEN	
STREET ADDRESS	1128 YORK LN	
CITY-ST-ZIP	VIRGINIA BCH VA	
TITLE	JOHNSON, Robert W., Jr.	<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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
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 PRES. SECRETARY DIR. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	986 N. Waterway
4.4 CITY-ST-ZIP	Ft. Myers, FL 33919
5.1 TITLE	Director, President Asst. Secy. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	690 Regatta Rd
5.4 CITY-ST-ZIP	Naples, FL 34103
6.1 TITLE	Vice President Finance <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Robert W. Johnson, Jr.
6.3 STREET ADDRESS	1176 Quail Village Way
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 (941) 403-9130

CR2E034 (9/96)