

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 29, 1999 8:00 am
Secretary of State

03-29-1999 90007 049 ***150.00

DOCUMENT # 694267

1. Corporation Name

DOMINION VIDEO SATELLITE, INC.



Principal Place of Business

3050 N HORSESHOE DR.
SUITE 290
NAPLES FL 34104
US

Mailing Address

8
SUITE 290, PO BOX 7609
NAPLES FL 33963-2707
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/11/1981

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

9. Name and Address of Current Registered Agent

JOHNSON, ROBERT W.
3050 N HORSESHOE DRIVE
SUITE 290
NAPLES FL 34104

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

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 CP
NAME JOHNSON, ROBERT W.
STREET ADDRESS 233 9TH AVENUE S.
CITY-ST-ZIP NAPLES FL

TITLE VPFD
NAME JOHNSON, ROBERT W JR
STREET ADDRESS 1176 QUAIL VILLAGE WAY
CITY-ST-ZIP NAPLES FL

TITLE ~~VPSD~~
NAME ~~SWANSON, RANDY~~
STREET ADDRESS ~~5365 FAIRFIELD~~
CITY-ST-ZIP ~~FT MYERS FL 33910~~

TITLE VASD
NAME RUNDLE, ALLEN
STREET ADDRESS 6060 PELICAN BAY BLVD B-201
CITY-ST-ZIP NAPLES FL 34108

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE VICE PRESIDENT-FINANCE, ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE VICE PRESIDENT, ☒ Change ☐ Addition
4.2 NAME SECRETARY, DIRECTOR
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I 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, with all other like empowered.

SIGNATURE:

Robert W. Johnson, CEO
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-12-99 (941) 403-9130

Date

Daytime Phone #

CR2E034 (1/98)