

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 19, 2002 8:00 am
Secretary of State

02-19-2002 90109 038 ***150.00

0625964 AT

DOCUMENT # F01000001104

1. Entity Name
AMERICAN DISH SERVICE, INC.

Principal Place of Business Mailing Address
9810 ST JULIANS LN **900 BLAKE ST.**
RICHMOND VA 23233 **EDWARDSVILLE KS 66111-3820**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address
900 BLAKE STREET
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State 4. FEI Number Applied For
EDWARDSVILLE, KS **43-1031331** Not Applicable

Zip Country Zip Country 5. Certificate of Status Desired \$8.75 Additional Fee Required
66111-3820 **KYANDOTTE** **\$8.75**

6. Name and Address of Current Registered Agent
KAVANAUGH, JOEL R
3060 SANTEE PLACE
JACKSONVILLE FL 32259

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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.

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) **FILE NOW!!! FEE IS \$150.00**
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State 10. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANDREWS, JAMES T	NAME	
STREET ADDRESS	4249 W. 124TH TR.	STREET ADDRESS	
CITY-ST-ZIP	LEAWOOD KS	CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MORSE, CHRIS	NAME	
STREET ADDRESS	9209 W. 140TH TR.	STREET ADDRESS	
CITY-ST-ZIP	OVERLAND PARK KS	CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COX JR, ROBERT A	NAME	
STREET ADDRESS	PO BOX 500	STREET ADDRESS	
CITY-ST-ZIP	RICHMOND VA	CITY-ST-ZIP	
TITLE	CD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANDREWS, WILSON P	NAME	
STREET ADDRESS	9810 ST JULIANS LANE	STREET ADDRESS	
CITY-ST-ZIP	RICHMOND VA	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANDREWS, SHERRY T	NAME	
STREET ADDRESS	8910 ST JULIANS LANE	STREET ADDRESS	
CITY-ST-ZIP	RICHMOND VA	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

13. 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 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* **1/23/02** **(915) 422-3700**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)