


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 26, 2004 8:00 am
Secretary of State

01-26-2004 90054 033 ***150.00

DOCUMENT # F01000001104

1. Entity Name
AMERICAN DISH SERVICE, INC.



Principal Place of Business Mailing Address
900 BLAKE ST **900 BLAKE ST.**
KANSAS CITY, KS 66111 **EDWARDSVILLE, KS 66111-3820**

44004218



2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

01082004 Chg-P CR2E034 (10/03)

City & State City & State

4. FEI Number Applied For
43-1031331 Not Applicable

Zip Country Zip Country

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

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. I am familiar with, and accept the obligations of registered agent.

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Vice President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Morse, Chris	
STREET ADDRESS	27560 W. 120th Place	
CITY-ST-ZIP	Olathe, KS 66061	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Andrews, Sherry T.	
STREET ADDRESS	9810 St. Julians Lane	
CITY-ST-ZIP	Richmond, VA 23233	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE James T. Andrews **James T. Andrews** 1/23/2004 913-422-3700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #