


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 28, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # F01000001104**

1. Entity Name  
AMERICAN DISH SERVICE, INC.



Principal Place of Business  
900 BLAKE ST  
KANSAS CITY, KS 66111

Mailing Address  
900 BLAKE ST.  
EDWARDSVILLE, KS 66111-3820

**DO NOT WRITE IN THIS SPACE**



01222005 No Chg-P CR2E034 (10/03)

4. FEI Number  
43-1031331

Applied For  
Not Applicable

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

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.00**

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

000000201814  
01/28/05-80083-007 150.00

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	ANDREWS, JAMES T
STREET ADDRESS	4249 W. 124TH TR.
CITY-ST-ZIP	LEAWOOD, KS
TITLE	VP
NAME	MORSE, CHRIS
STREET ADDRESS	27560 W. 120TH PLACE
CITY-ST-ZIP	OLATHE, KS 66061
TITLE	S
NAME	COX JR, ROBERT A
STREET ADDRESS	PO BOX 500
CITY-ST-ZIP	RICHMOND, VA
TITLE	CD
NAME	ANDREWS, WILSON P
STREET ADDRESS	9810 ST JULIANS LANE
CITY-ST-ZIP	RICHMOND, VA
TITLE	D
NAME	ANDREWS, SHERRY T
STREET ADDRESS	9810 ST JULIANS LANE
CITY-ST-ZIP	RICHMOND, VA 23233
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

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 1/24/2005 (93)-422-3700

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #