



# F01000005488

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REFERENCE : 969965 5165790

AUTHORIZATION :

*Patricia Pigato*

COST LIMIT : \$ 78.75

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01 OCT 22 PM 2:18  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

ORDER DATE : October 16, 2001

ORDER TIME : 9:47 AM

ORDER NO. : 969965-005

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CUSTOMER NO: 5165790

CUSTOMER: Ms. Sharon Huddle  
Pegasus Communications  
Suite 200  
225 City Line Avenue  
Bala Cynwyd, PA 19004

FOREIGN FILINGS

(4)

NAME: PEGASUS SATELLITE TELEVISION,  
INC.

RECEIVED  
01 OCT 22 AM 10:37  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

XXXX QUALIFICATION (TYPE: CO)

BK

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY

CONTACT PERSON: Susie Knight -- EXT# 1156

EXAMINER: \_\_\_\_\_

**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT  
BUSINESS IN FLORIDA**

*IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO  
REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.*

1. **PEGASUS SATELLITE TELEVISION, INC.**

(Name of corporation; must include the word "INCORPORATED", "COMPANY", "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present.)

2. **DELAWARE**

(State or country under the law of which it is incorporated)

3.

**51-0377962**

(FEI number, if applicable)

4. **10/8/1996**

(Date of Incorporation)

5.

**PERPETUAL**

(Duration: Year corp. will cease to exist or "perpetual")

6. **UPON QUALIFICATION**

(Date first transacted business in Florida. If corporation has not transacted business in Florida, insert "upon qualification.")  
(SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)

7. **225 CITY AVENUE, SUITE 200, BALA CYNWYD, PA 19004**

(Principal office address)

**225 CITY AVENUE, SUITE 200, BALA CYNWYD, PA 19004**

(Current mailing address)

8. **PROVIDER OF DIRECT TO HOME SATELLITE BROADCAST TV SERVICES**

(Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)

9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box **NOT** acceptable)

Name: **CORPORATION SERVICE COMPANY**

Office Address: **1201 HAYS STREET**

**TALLAHASSEE**

(City)

, Florida

**32301**

(Zip Code)

10. Registered agent's acceptance:

*Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.*

  
(Registered agent's signature)

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

12. Names and addresses of officers and/or directors:

A. DIRECTORS

Chairman: \_\_\_\_\_

Address: \_\_\_\_\_

Vice Chairman: \_\_\_\_\_

Address: \_\_\_\_\_

Director: **MARSHALL W. PAGON**

Address: **225 CITY AVENUE, SUITE 200, BALA CYNWYD, PA 19004**

Director: \_\_\_\_\_

Address: \_\_\_\_\_

B. OFFICERS

President: **MARSHALL W. PAGON**

Address: **225 CITY AVENUE, SUITE 200, BALA CYNWYD, PA 19004**

Vice President: **HOWARD E. VERLIN**

Address: **225 CITY AVENUE, SUITE 200, BALA CYNWYD, PA 19004**

Secretary: **TED S. LODGE**

Address: **225 CITY AVENUE, SUITE 200, BALA CYNWYD, PA 19004**

Treasurer: **KASIN SMITH**

Address: **225 CITY AVENUE, SUITE 200, BALA CYNWYD, PA 19004**

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. \_\_\_\_\_

(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. **TED S. LODGE, EXECUTIVE VICE PRESIDENT, SECRETARY, CAO, AND GENERAL COUNSEL**

(Typed or printed name and capacity of person signing application)

*State of Delaware*  
*Office of the Secretary of State*

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I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "PEGASUS SATELLITE TELEVISION, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE SIXTEENTH DAY OF OCTOBER, A.D. 2001.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.

FILED  
01 OCT 22 PM 2:18  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



*Harriet Smith Windsor*  
Harriet Smith Windsor, Secretary of State

2671549 8300

AUTHENTICATION: 1393343

010514875

DATE: 10-16-01