


2005 FOR PROFIT CORPORATION  
ANNUAL REPORT

**FILED**  
**Mar 14, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # F01000005488</b>	
1. Entity Name PEGASUS SATELLITE TELEVISION, INC.	

Principal Place of Business 225 CITY AVENUE, SUITE 200 BALA CYNWYD, PA 19004	Mailing Address 225 CITY AVENUE, SUITE 200 BALA CYNWYD, PA 19004
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**DO NOT WRITE IN THIS SPACE**



02032005 No Chg-P CR2E034 (10/03)

4. FEI Number 51-0377962	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525	<b>DO NOT WRITE IN THIS SPACE</b>
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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DCEO PAGON, MARSHALL W 225 CITY AVENUE, SUITE 200 BALA CYNWYD, PA 19004
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V VERLIN, HOWARD E 225 CITY AVENUE, SUITE 200 BALA CYNWYD, PA 19004
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P LODGE, TED S 225 CITY AVENUE, SUITE 200 BALA CYNWYD, PA 19004
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SGC BLANK, SCOTT A 225 CITY AVENUE, SUITE 200 BALA CYNWYD, PA 19004
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T POOLER, JOSEPH 225 CITY LINE AVENUE SUITE 200 BALA CYNWYD, PA 19004
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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03/14/05-80049-017 150.00

**DO NOT WRITE 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)(f), 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: Scott A Blank 3/1/05 (610) 934 7000  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #