

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2004 08:00 AM
Secretary of State

DOCUMENT # F03000004061

1. Entity Name
GOLDEN SKY SYSTEMS, INC.



Principal Place of Business
225 CITY LINE AVENUE, SUITE 200
BALA CYNWYD, PA 19004

Mailing Address
225 CITY LINE AVENUE, SUITE 200
BALA CYNWYD, PA 19004



04192004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
43-1749060

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525

**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 _____

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE _____

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
NAME LODGE, TED S
STREET ADDRESS 225 CITY LINE AVENUE, SUITE 200
CITY - ST - ZIP BALA CYNWYD, PA 19004

TITLE V
NAME VERLIN, HOWARD E
STREET ADDRESS 225 CITY LINE AVENUE, SUITE 200
CITY - ST - ZIP BALA CYNWYD, PA 19004

TITLE S
NAME BLANK, SCOTT A
STREET ADDRESS 225 CITY LINE AVENUE, SUITE 200
CITY - ST - ZIP BALA CYNWYD, PA 19004

TITLE T
NAME POOLER, JOSEPH
STREET ADDRESS 225 CITY LINE AVENUE, SUITE 200
CITY - ST - ZIP BALA CYNWYD, PA 19004

TITLE D
NAME PAGON, MARSHALL W
STREET ADDRESS 225 CITY LINE AVENUE, SUITE 200
CITY - ST - ZIP BALA CYNWYD, PA 19004

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

000000155924
05/05/04-30091-020 150.00

**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)(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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #