

2005 FOR PROFIT CORPORATION  
ANNUAL REPORT

**FILED**  
**Mar 14, 2005 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



02032005 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, 2005 Fee will be \$550.00

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	P LODGE, TED S 225 CITY LINE AVENUE, SUITE 200 BALA CYNWYD, PA 19004
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V VERLIN, HOWARD E 225 CITY LINE AVENUE, SUITE 200 BALA CYNWYD, PA 19004
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S BLANK, SCOTT A 225 CITY LINE 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	D PAGON, MARSHALL W 225 CITY LINE AVENUE, SUITE 200 BALA CYNWYD, PA 19004
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

U000000262367  
03/14/05-80049-018 150.00

**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:

*Scott A Blank* SCOTT A BLANK  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/1/05 (610) 934 7000