2000 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

FILED DOCUMENT # F06897 Jul 14, 2000 8:00 am 1. Entity Name DOMINION HOME SYSTEMS-DIRECT, INC. **Secretary of State** 07-14-2000 90004 001 ***150.00 Principal Place of Business Mailing Address 3050 N. HORSESHOE DR. 3050 N. HORSESHOE DR. SUITE 290 SUITE 290 NAPLES FL 34104 NAPLES FL 34104 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 65-0173717 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name JOHNSON, ROBERT W Street Address (P.O. Box Number is Not Acceptable) 3050 N. HORSESHOE DR., SUITE 290 NAPLES FL 34104 City Zip Code 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. 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 \$550.00 9. This corporation is eligible to satisfy its intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After SEPTEMBER 13, 2000 Min. will be \$750.00 Trust Fund Contribution. Added to Fees (See criteria on back) Γ Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. CR2E034 (5/00) TITLE **PCEO** TITLE ☐ Addition ☐ Delete NAME JOHNSON, ROBERT W NAME STREET ADDRESS STREET ADDRESS 233 9TH AVE S CITY-ST-ZIP CITY-ST-ZIP NAPLES FL Change ☐ Addition TITLE SEC ☐ Defete TITLE NAME NAME RUNDLE, ALLEN STREET ADDRESS STREET ADDRESS 6060 PELICAN BAY BLVD #B-201 CITY-ST-ZIP CITY-ST-ZIP NAPLES FL 34103 Change ☐ Addition TITLE Delete. TITLE, JOHNSON, ROBERT W JR NAME NAME STREET ADDRESS STREET ADDRESS 11764 QUAIL VILLAGE WAY CITY-ST-ZIP C(TY-ST-ZIP NAPLES FL 33999 TITLE ☐ Addition TITLE ☐ Delete Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CiTY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. 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 11 or Block 12 if

941-406-9000 XXI

FO 6897

A0067799

Dominion Home Systems-Direct Inc. 3050 N Horseshoe Drive Suite 290 Naples, FL 34104

July 5, 2000

Division of Corporations Uniform Business Report Filings PO Box 1500 Tallahassee, FL 32302-1500

Dear Sirs;

I am writing in regard to the UBR 2000 for Dominion Home Systems-Direct Inc., Document # F06897. We have received a second notice regarding this report. It is with deep concern that we have never received the first UBR. I am enclosing a copy of the UBR for Dominion Video Satellite, Inc., which is the parent company for Dominion Home Systems-Direct Inc. This report was received and sent in on time.

I would like to request that the penalty for late filing be reconsidered in this instance. Please let me know your decision in this matter at your earliest convenience.

Kob Johnson Jr.

Vice President of Finance

DOMINION VIDEO SATELLITE, INC. PLEASE DETACH AND RETAIN THIS STUB FOR YOUR RECORDS

Payment Number

Vendor ID

Vendor Name Department of State

Date 1/14/00

CHECK NO. 5066

5066

PRINTED IN U.S.A.

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Principat P	Place of Business	Mailing Address						
3050 N HORSESHOE DR. SUITE 290 NAPLES FL 34104 US		8 Suite 290. Po Box 7609 Naples Fl 33963 Us			_			
2. Principa	l Place of Business	3. Mailing Address	······································					
Suite, Ap	pt. #, etc.	Suite, Apt. #, etc.			DO NOT	WRITE IN THI	S SPACE	-
City & St	tate	City & State		<u>-</u>	4. FEI Number 59-2647	7276		Applied For
Zip	Country	Zip	Country		5. Certificate of Status Desir	·	\$8.75	Not Applicable Additional
	6. Name and Address of Current	Registered Agent			7. Name and Address of No	-	Fee Røqi I Agent	uired
JOHNSON, ROBERT W. 3050 N HORSESHOE DRIVE			Name	- · <u></u>	د د . د د د مور د دهد د			
			Street	Street Address (P.O. Box Number is Not Acceptable)				
	TE 290 PLES FL 34104							
			City			FI	Zip C	ode
9. This corp	poration is eligible to satisfy its Intangible		TE: Registered Agent sign	Silvery Control of the Control		DATE		
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