

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

**FILED**  
**Sep 23, 1999 8:00 am**  
**Secretary of State**

09-23-1999 90005 004 \*\*\*550.00

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<b>PROFIT CORPORATION ANNUAL REPORT 1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # F94000004890**

1. Corporation Name

**DISH INSTALLATION NETWORK CORPORATION**

Principal Place of Business

5701 S SANTA FE DR  
ENGLEWOOD CO 80120  
US

Mailing Address

POB 9027  
ENGLEWOOD CO 80160  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**09/21/1994**

4. FEI Number

**84-1195952**

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

☐

**\$5.00** May Be Added to Fees

8. This corporation owes the current year intangible Personal Property.

☐

Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 **5701 S. Santa Fe Dr.**

23 City & State

27 City & State

24 Zip

25 Country

29 Zip

30 Country

**80120**

**USA**

9. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM  
1200 S. PINE ISLAND RD.  
PLANTATION FL 33324**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

**FL**

85 Zip Code

11. Pursuant to the provisions of sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE CDP ☐ DELETE

NAME Q  
STREET ADDRESS 5701 S SANTA FE DR  
CITY-ST-ZIP LITTLETON CO 80120

TITLE EVPD ☐ DELETE

NAME DEFRANCO, JAMES  
STREET ADDRESS 5701 S SANTA FE DR  
CITY-ST-ZIP LITTLETON CO 80120

TITLE SVSD ☐ DELETE

NAME MOSKOWITZ, DAVID K  
STREET ADDRESS 5701 S SANTA FE DR  
CITY-ST-ZIP LITTLETON CO 80120

TITLE T ☐ DELETE

NAME HAGER, JOHN  
STREET ADDRESS 5701 S SANTA FE DR  
CITY-ST-ZIP LITTLETON CO 80120

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Chairman of the Board, ☒ Change ☐ Addition

1.2 NAME President and CEO  
1.3 STREET ADDRESS Charlie Ergen

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☒ Change ☐ Addition

4.2 NAME Steven Schaver  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

9/14/99 (303) 723-1000

CR2E034 (5/99)