

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 28, 2001 8:00 am**  
**Secretary of State**

02-28-2001 90049 027 \*\*\*150.00

**DOCUMENT # F94000004890**

1. Entity Name  
**DISH NETWORK SERVICE CORPORATION**

Principal Place of Business <b>5701 S SANTA FE DR          LITTLETON CO 80120          US</b>	Mailing Address <b>5701 SOUTH SANTA FE DRIVE          LITTLETON CO 80120          US</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number <b>84-1195952</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  
**C T CORPORATION SYSTEM  
 1200 S. PINE ISLAND RD.  
 PLANTATION FL 33324**

7. Name and Address of New Registered Agent  
 Name **URAI Services, Inc**  
 Street Address (P.O. Box Number is Not Acceptable) **526 E. Park Avenue**  
 City **Tallahassee** **FL** Zip Code **32301**

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 *Joseph M. ...* **Joseph M. ... , VP** DATE **2/20/01**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.   
**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CPC</b> <b>ERGEN, CHARLIE</b> <b>5701 S SANTA FE DR</b> <b>LITTLETON CO 80120</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>EVPD</b> <b>DEFRANCO, JAMES</b> <b>5701 S SANTA FE DR</b> <b>LITTLETON CO 80120</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SVSD</b> <b>MOSKOWITZ, DAVID K</b> <b>5701 S SANTA FE DR</b> <b>LITTLETON CO 80120</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>KISER, JASON</b> <b>5701 S. SANTA FE DRIVE</b> <b>LITTLETON CO 80120</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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

SIGNATURE: *David K. Moskowitz* **2-21-01** **303-723-1000**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)

Attachment

# F94000004890

816123

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, the undersigned corporation organized under the laws of the State of Colorado submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
01 JAN 10 AM 8:01

1. The name of the corporation is: Dish Network Service Corporation

2. The mailing address of the corporation is: 5701 S. Santa Fe Drive, Littleton, CO 80120

3. Date of incorporation/qualification: 9/21/94 Document number: F90000004890

4. The name and address of the current registered agent and office:

CT Corporation System  
1200 S. Pine Island Road  
Plantation, FL 33324

5. The name and address of the new registered agent and office: (P. O. Box **Not** Acceptable)

NRAI Services, Inc.  
526 East Park Avenue  
Tallahassee, FL 32301

The street address of its registered office and the street address of the business office of its registered agent, as changed, will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board.

*David K. Moskowitz*

(Signature of an officer, chairman or vice chairman of the board)

12/21/00

(Date)

David K. Moskowitz

(Printed or typed name and title)

Having been named as registered agent and to accept service of process for the above stated corporation, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent.

NRAI Services, Inc.

*[Signature]*

(Signature of Registered Agent)

12/29/00

(Date)

If signing on behalf of an entity:

Joseph Mirrione, Assistant Secretary

(Typed or Printed Name)

(Capacity)

\*\*\* FILING FEE: \$35.00 \*\*\*