

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 22, 2003 8:00 am
Secretary of State

01-22-2003 90146 043 ***150.00

DOCUMENT # F94000004890

1. Entity Name
DISH NETWORK SERVICE CORPORATION



Principal Place of Business
**5701 S SANTA FE DR
LITTLETON CO 80120
US**

Mailing Address
**5701 SOUTH SANTA FE DRIVE
LITTLETON CO 80120
US**



☒ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **84-1195952**

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**NRAI SERVICES, INC
526 E PARK AVENUE
TALLAHASSEE FL 32301**

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** 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. 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, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1

TITLE
NAME **CPC**
STREET ADDRESS **ERGEN, CHARLIE**
CITY-ST-ZIP **5701 S SANTA FE DR
LITTLETON CO 80120** ☐ Delete

TITLE
NAME **C/P/D** ☒ Change ☒ Addition

TITLE
NAME **EVPD**
STREET ADDRESS **DEFRANCO, JAMES**
CITY-ST-ZIP **5701 S SANTA FE DR
LITTLETON CO 80120** ☐ Delete

TITLE
NAME ☐ Change ☐ Addition

TITLE
NAME **SVSD**
STREET ADDRESS **MOSKOWITZ, DAVID K**
CITY-ST-ZIP **5701 S SANTA FE DR
LITTLETON CO 80120** ☐ Delete

TITLE
NAME **General Counsel** ☒ Change ☒ Addition

TITLE
NAME **T**
STREET ADDRESS **KISER, JASON**
CITY-ST-ZIP **5701 S. SANTA FE DRIVE
LITTLETON CO 80120** ☐ Delete

TITLE
NAME ☐ Change ☐ Addition

TITLE
NAME ☐ Delete

TITLE
NAME **Sr. Vice President** ☐ Change ☒ Addition
Michael Kelly

TITLE
NAME ☐ Delete

TITLE
NAME **Assistant Secretary** ☐ Change ☒ Addition
R. Stanton Dodge

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/6/03

(303) 723-1611

CR2E034 (10/02)