

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
Jul 21, 1999 8:00 am
Secretary of State

07-21-1999 90008 018 ***550.00

PROFIT
CORPORATION
ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # F95000005477

1. Corporation Name

PEGASUS BROADCAST TELEVISION, INC.

Principal Place of Business

**FIVE RADNOR CORPORATE CENTER
SUITE 454 100 MATSONFORD ROAD
RADNOR PA 19087
US**

Mailing Address

**FIVE RADNOR CORPORATE CENTER
SUITE 454 100 MATSONFORD ROAD
RADNOR PA 19087
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/08/1995

4. FEI Number

23-2779414

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

21 225 CITY LINE AVE.

Suite, Apt. #, etc.

22 SUITE 200

City & State

23 BALA CYNWYO, PA

Zip

24 19004

Country

25 DELAWARE

2a. Mailing Address

26 225 CITY LINE AVE.

Suite, Apt. #, etc.

27 SUITE 200

City & State

28 BALA CYNWYO, PA

Zip

29 19004

Country

30 DELAWARE

9. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

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 **C** ☒ DELETE

NAME **PAGON, MARSHALL W**
STREET ADDRESS **STE 454 100 MATSONFORD RD**
CITY-ST-ZIP **RADNOR PA 19087**

TITLE **PCEO** ☒ DELETE

NAME **PAGON, NICHOLAS A**
STREET ADDRESS **STE 454 100 MATSONFORD RD**
CITY-ST-ZIP **RADNOR PA 19087**

TITLE **EVP** ☒ DELETE

NAME **TANKSLEY, ALFRED**
STREET ADDRESS **STE 454 100 MATSONFORD RD**
CITY-ST-ZIP **RADNOR PA 19087**

TITLE **EVP** ☒ DELETE

NAME **HOBAN, GILBERT J**
STREET ADDRESS **STE 454 100 MATSONFORD RD**
CITY-ST-ZIP **RADNOR PA 19087**

TITLE **VTAS** ☒ DELETE

NAME **VERDECCHIO, ROBERT N**
STREET ADDRESS **STE 454 100 MATSONFORD RD**
CITY-ST-ZIP **RADNOR PA 19087**

TITLE **SVPS** ☒ DELETE

NAME **LODGE, TED S**
STREET ADDRESS **STE 454 100 MATSONFORD RD**
CITY-ST-ZIP **RADNOR PA 19087**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **CHAIRMAN** ☒ Change ☐ Addition

1.2 NAME **225 CITY LINE AVE., SUITE 200**

1.3 STREET ADDRESS **BALA CYNWYO, PA 19004**

1.4 CITY-ST-ZIP **BALA CYNWYO, PA 19004**

2.1 TITLE **PRESIDENT/CEO** ☒ Change ☐ Addition

2.2 NAME **225 CITY LINE AVE., SUITE 200**

2.3 STREET ADDRESS **BALA CYNWYO, PA 19004**

2.4 CITY-ST-ZIP **BALA CYNWYO, PA 19004**

3.1 TITLE **EVP AND CO-CEO** ☒ Change ☐ Addition

3.2 NAME **225 CITY LINE AVE., SUITE 200**

3.3 STREET ADDRESS **BALA CYNWYO, PA 19004**

3.4 CITY-ST-ZIP **BALA CYNWYO, PA 19004**

4.1 TITLE **EVP AND CO-CEO** ☒ Change ☐ Addition

4.2 NAME **225 CITY LINE AVE., SUITE 200**

4.3 STREET ADDRESS **BALA CYNWYO, PA 19004**

4.4 CITY-ST-ZIP **BALA CYNWYO, PA 19004**

5.1 TITLE **SVP AND CFO** ☒ Change ☐ Addition

5.2 NAME **225 CITY LINE AVE., SUITE 200**

5.3 STREET ADDRESS **BALA CYNWYO, PA 19004**

5.4 CITY-ST-ZIP **BALA CYNWYO, PA 19004**

6.1 TITLE **SVP** ☒ Change ☐ Addition

6.2 NAME **225 CITY LINE AVE., SUITE 200**

6.3 STREET ADDRESS **BALA CYNWYO, PA 19004**

6.4 CITY-ST-ZIP **BALA CYNWYO, PA 19004**

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 of Registered Agent

7/13/99 610 934-7000

CR2E034 (5/99)