

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 22, 2001 8:00 am
Secretary of State

05-22-2001 90065 009 ***150.00

DOCUMENT # F95000005477

1. Entity Name

PEGASUS BROADCAST TELEVISION, INC

| | |
|------------------------------------------------------|------------------------------------------------------|
| Principal Place of Business | Mailing Address |
| 225 CITY LINE AVE STE 200 BALA CYNWYD PA 19004 | 225 CITY LINE AVE STE 200 BALA CYNWYD PA 19004 |

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

23-2779414

Applied For

Not Applicable

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

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

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
 Tax filing requirement and elects to do so.
 (See criteria on back) ☐

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 | C | <input type="checkbox"/> Delete |
| NAME | PAGON, MARSHALL W | |
| STREET ADDRESS | 225 CITY LINE AVE STE 200 | |
| CITY - ST - ZIP | BALA CYNWYD PA 19004 | |

| | | |
|-----------------|---------------------------|--------------------------------------------|
| TITLE | PCEO | <input checked="" type="checkbox"/> Delete |
| NAME | PAGON, NICHOLAS A | |
| STREET ADDRESS | 225 CITY LINE AVE STE 200 | |
| CITY - ST - ZIP | BALA CYNWYD PA 19004 | |

| | | |
|-----------------|---------------------------|--------------------------------------------|
| TITLE | EVCC | <input checked="" type="checkbox"/> Delete |
| NAME | TANKSLEY, AFLFRED | |
| STREET ADDRESS | 225 CITY LINE AVE STE 200 | |
| CITY - ST - ZIP | BALA CYNWYD PA 19004 | |

| | | |
|-----------------|---------------------------|--------------------------------------------|
| TITLE | EVCC | <input checked="" type="checkbox"/> Delete |
| NAME | HOBAN, GILBERT J | |
| STREET ADDRESS | 225 CITY LINE AVE STE 200 | |
| CITY - ST - ZIP | BALA CYNWYD PA 19004 | |

| | | |
|-----------------|---------------------------|--------------------------------------------|
| TITLE | SVC | <input checked="" type="checkbox"/> Delete |
| NAME | VERDECCHIO, ROBERT N | |
| STREET ADDRESS | 225 CITY LINE AVE STE 200 | |
| CITY - ST - ZIP | BALA CYNWYD PA 19004 | |

| | | |
|-----------------|---------------------------|---------------------------------|
| TITLE | V | <input type="checkbox"/> Delete |
| NAME | LODGE, TED | |
| STREET ADDRESS | 225 CITY LINE AVE STE 200 | |
| CITY - ST - ZIP | BALA CYNWYD PA 19004 | |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|-----------------|---------------------------|------------------------------------------------------------------------------|
| TITLE | V | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | SMITH, KASIN | |
| STREET ADDRESS | 225 CITY LINE AVE STE 200 | |
| CITY - ST - ZIP | BALA CYNWYD PA 19004 | |

| | | |
|-----------------|---------------------------|------------------------------------------------------------------------------|
| TITLE | V | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | VERLIN, HOWARD | |
| STREET ADDRESS | 225 CITY LINE AVE STE 200 | |
| CITY - ST - ZIP | BALA CYNWYD PA 19004 | |

| | | |
|-----------------|--|-------------------------------------------------------------------|
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY - ST - ZIP | | |

| | | |
|-----------------|--|-------------------------------------------------------------------|
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY - ST - ZIP | | |

| | | |
|-----------------|--|-------------------------------------------------------------------|
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY - ST - ZIP | | |

| | | |
|-----------------|--|-------------------------------------------------------------------|
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Ted S Lodge

5/1/01 (610) 934-7000

CR2E034 (1/00)