

AUTHORIZATION

COST LIMIT

\$ 35.00

ORDER DATE: September 10, 2001

ORDER TIME :

11:39 AM

ORDER NO. : 466252-005

CUSTOMER NO:

5165790

CUSTOMER:

Ms. Susan Rarick

Pegasus Communications

Suite 200

225 City Line Avenue Bala Cynwyd, PA 19004

CHANGE OF AGENT

NAME:

PEGASUS BROADCAST TELEVISION,

INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY

__ PLAIN STAMPED COPY

CONTACT PERSON: Janna Wilson

400004583104--3

DIVISION OF CORPORATION

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 Pennsylvania submits the following statement in order to change its registered office or registered agent, or both, in
the State of Florida.
1. The name of the corporation: Pegasus Broadcast Television, Inc
2. The mailing address of the corporation: 225 City Line Ave State 200
Bala Cynwyd, PA 19004
3. Date of incorporation/qualification: 11/8/1995 Document number: F9500005477
4. The name and address of the current registered agent and office:
CT Corporation System
1200 South Pine Island Road to
Plantation FL 33324
5. The name and address of the new registered agent (if changed) and/or registered office (if changed):
(P. O. Box Not Acceptable)
Corporation Service Company
1201 Hays Street
Tallahassee, Florida 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.
9/6/01
(Signature of an officer, chairman or vice chairman of the board) (Date)
Ted S. Lodge / EVP & Secretary (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
Gusaluf B. honseinnes alpho
(Signature of Registered Agent) (Daze)
f signing on behalf of an entity:
(Typed or Printed Name) (Typed or Printed Name)
(Capacity)

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