2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 03, 2006
Secretary of State

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Entity Name: PEGASUS BROADCAST TELEVISION, INC.

Current Principal Place of Business:

225 CITY LINE AVE
STE 200
BALA CYNWYD, PA 19004 US

New Principal Place of Business:

225 CITY LINE AVE
STE 103
BALA CYNWYD, PA 19004 US

Current Mailing Address:

225 CITY LINE AVE
STE 200
BALA CYNWYD, PA 19004 US

New Mailing Address:

225 CITY LINE AVE
STE 103
BALA CYNWYD, PA 19004 US

FEI Number: 23-2779414 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

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: _____
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: PAGON, MARSHALL W
Address: 225 CITY LINE AVE STE 200
City-St-Zip: BALA CYNWYD, PA 19004

Title: V ( ) Delete
Name: VERLIN, HOWARD
Address: 225 CITY LINE AVE STE 200
City-St-Zip: BALA CYNWYD, PA 19004

Title: P ( ) Delete
Name: LODGE, TED S
Address: 225 CITY LINE AVE STE 200
City-St-Zip: BALA CYNWYD, PA 19004

Title: SGC (X) Delete
Name: BLANK, SCOTT A
Address: 225 CITY LINE AVE STE 200
City-St-Zip: BALA CYNWYD, PA 19004

Title: T ( ) Delete
Name: POOLER, JOSEPH
Address: 225 CITY LIAR AVE., SUITE 200
City-St-Zip: BALA CYNWYD, PA 19004

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: SCHER, BRADLEY E
Address: 225 CITY LINE AVE STE 103
City-St-Zip: BALA CYNWYD, PA 19004

Title: SGC (X) Change ( ) Addition
Name: NACHMAN, MICHAEL
Address: 225 CITY LINE AVE STE 103
City-St-Zip: BALA CYNWYD, PA 19004

Title: P (X) Change ( ) Addition
Name: YANUZZI, MICHAEL
Address: 225 CITY LINE AVE STE 103
City-St-Zip: BALA CYNWYD, PA 19004

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: T (X) Change ( ) Addition
Name: LEVINE, JASON
Address: 225 CITY LIAR AVE., SUITE 103
City-St-Zip: BALA CYNWYD, PA 19004

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHAEL P. NACHMAN SGC 01/03/2006
Electronic Signature of Signing Officer or Director Date