

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 01, 2002 8:00 am**  
**Secretary of State**

05-01-2002 91486 037 \*\*\*150.00

**DOCUMENT # F96000004928**

1. Entity Name

**NEWS AMERICA DTH TECHCO INC.**

Principal Place of Business

**2121 AVENUE OF THE STARS  
 SUITE 2071  
 LOS ANGELES CA 90067**

Mailing Address

**1300 N. MARKET STREET  
 SUITE 404  
 WILMINGTON DE 19801  
 US**

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

**95-4599514**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent:

**THE PRENTICE-HALL CORPORATION SYSTEM, INC.  
 1201 HAYS STREET  
 TALLAHASSEE FL 32301**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

7. Name and Address of New Registered Agent:

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 **DAVID EVANS**

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, 2002 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	<b>PD</b>	<input type="checkbox"/> Delete
NAME	<b>EVANS, DAVID</b>	
STREET ADDRESS	<b>10201 WEST PICO BLVD</b>	
CITY-ST-ZIP	<b>LOS ANGELES CA</b>	
TITLE	<b>ASAT</b>	<input type="checkbox"/> Delete
NAME	<b>LESLEY, COHEN R</b>	
STREET ADDRESS	<b>1300 N. MARKET STREET #404</b>	
CITY-ST-ZIP	<b>WILMINGTON DE 19801</b>	
TITLE	<b>VS</b>	<input type="checkbox"/> Delete
NAME	<b>CONSTANTINE, JAN F</b>	
STREET ADDRESS	<b>1211 AVE OF THE AMERICAS</b>	
CITY-ST-ZIP	<b>NEW YORK NY</b>	
TITLE	<b>VAS</b>	<input type="checkbox"/> Delete
NAME	<b>DOODAN, MICHAEL</b>	
STREET ADDRESS	<b>10201 WEST PICO BLVD</b>	
CITY-ST-ZIP	<b>LOS ANGELES CA</b>	
TITLE	<b>CD</b>	<input type="checkbox"/> Delete
NAME	<b>CAREY, CHASE</b>	
STREET ADDRESS	<b>10201 WEST PICO BLVD</b>	
CITY-ST-ZIP	<b>LOS ANGELES CA</b>	
TITLE	<b>VD</b>	<input type="checkbox"/> Delete
NAME	<b>MURDOCH, K R</b>	
STREET ADDRESS	<b>10201 WEST PICO BLVD</b>	
CITY-ST-ZIP	<b>LOS ANGELES CA</b>	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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	<b>CD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Carey, Chase</b>	
STREET ADDRESS	<b>1211 Avenue of the Americas</b>	
CITY-ST-ZIP	<b>New York, N.Y. 10036</b>	
TITLE	<b>VD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Murdoch, KR</b>	
STREET ADDRESS	<b>1211 Avenue of the Americas</b>	
CITY-ST-ZIP	<b>New York, N.Y. 10036</b>	

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: DAVID EVANS**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/2/02**

Date

Daytime Phone #

CR2E034 (9/01)