

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 22, 2004 08:00 AM
Secretary of State

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**

DO NOT WRITE IN THIS SPACE



01222004 No Chg-P CR2E034 (10/03)

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**

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IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**000000094478
03/22/04-80052-003 150.00**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD EVANS, DAVID 10201 WEST PICO BLVD LOS ANGELES, CA
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ASAT LESLEY, COHEN R 1300 N. MARKET STREET #404 WILMINGTON, DE 19801
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS CONSTANTINE, JAN F 1211 AVE OF THE AMERICAS NEW YORK, NY
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VAS DOODAN, MICHAEL 10201 WEST PICO BLVD LOS ANGELES, CA
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD CAREY, CHASE 1211 AVENUE OF THE AMERICAS NEW YORK, NY 10036
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MURDOCH, KR 1211 AVENUE OF THE AMERICAS NEW YORK, NY 10036

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 10 or Block 11 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 #