

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2008 08:00 A
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

**C/O DIRECTV LATIN AMERICA, LLC
1211 AVENUE OF THE AMERICAS
NEW YORK, NY 10036 US**



04012008 No Cng F 000004 (11/08)

DO NOT WRITE IN THIS SPACE

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

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301**

**DO NOT WRITE
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, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**U00000897652
04/25/08-80053-005 150.00**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PF SUCHY, KEITH 1211 AVENUE OF THE AMERICAS NEW YORK, NY 10036
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BRACCO, JACOPO 1211 AVENUE OF THE AMERICAS NEW YORK, NY 10036
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HARTMAN, MICHAEL A 1211 AVENUE OF THE AMERICAS NEW YORK, NY 10036
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHURCHILL, BRUCE 1211 AVENUE OF THE AMERICAS NEW YORK, NY 10036
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 #