

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 03, 2001 8:00 am
Secretary of State
 05-03-2001 91159 032 ***150.00

05/03/01

DOCUMENT # F96000005264

1. Entity Name

LIBERTY INTERNATIONAL DTH, INC.

Principal Place of Business

**9197 S PEORIA ST
 ATTN: LIBERTY TAX
 ENGLEWOOD CO 80012
 US**

Mailing Address

**PO BOX 5630
 ATTN: LIBERTY TAX
 DENVER CO 80217-630
 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 **84-1292935**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New 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

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

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, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	MALONE, JOHN C	
STREET ADDRESS	9197 S PEORIA ST	
CITY-ST-ZIP	ENGLEWOOD CO 80112	
TITLE	V	<input type="checkbox"/> Delete
NAME	BLAYLOCK, GARY	
STREET ADDRESS	9197 S PEORIA ST	
CITY-ST-ZIP	ENGLEWOOD CO 80112	
TITLE	VT	<input type="checkbox"/> Delete
NAME	FLOWERS, DAVID J	
STREET ADDRESS	9197 S PEORIA ST	
CITY-ST-ZIP	ENGLEWOOD CO 80112	
TITLE	P	<input type="checkbox"/> Delete
NAME	CURTIS, MIRANDA	
STREET ADDRESS	9197 S PEORIA ST	
CITY-ST-ZIP	ENGLEWOOD CO 80112	
TITLE	AV	<input type="checkbox"/> Delete
NAME	NOSLER, DAVE	
STREET ADDRESS	9197 S PEORIA ST	
CITY-ST-ZIP	ENGLEWOOD CO 80112	
TITLE	VS	<input type="checkbox"/> Delete
NAME	CARR, VIVIAN	
STREET ADDRESS	9197 S PEORIA ST	
CITY-ST-ZIP	ENGLEWOOD CO 80112	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Gary Blaylock/Vice President

Date

720-875-5400

Daytime Phone #

CR2E034 (10/00)