SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999. AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

**PROFIT CORPORATION ANNUAL REPORT** 



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999 **DOCUMENT #** F97000002344 1. Corporation Name

PEGASUS SATELLITE TELEVISION OF FLORIDA, INC.

## **FILED** Sep 23, 1999 8:00 am Secretary of State

09-23-1999 90005 020 \*\*\*550.00



Principal Place of Business Mailing Addre			s			ובטו וסום וועום ווגוו כבסוו ענובס ווגעם ווועס ווגסט וועסט ווסטו גווסי ענור סטווסטו ג			
SRADNOR CORP CTR SRADNOR CORP CTI						· · ·			
STE. 454	****	STE. 454				DO NOT WEITE IN THIS SPACE			
RADNOR PA 19087 RADNOR PA 19087						DO NOT WRITE IN THIS SPACE			
						3. Date Incorporated or Qualified			
2 Principal D	loop of Pucinose	2a. Mailing Address				05/02/1997 4. FEI Number		- Assist Car	
			LINE AVE.		٠.	· · <del>-</del> - · · · · · ·	F	Applied For	
Suite, Apt. #, etc. Suite, Apt. #, etc.			, NZ /	WE 1/10C		23-2913284	40	Not Applicable	
22 Suite 200 27 Suite 20			10	0		5. Certificate of Status Desired	•	75 Additional ee Required	
City & State	City & State				6. Election Campaign Financing		.00 May Be		
	4 CYNWYD PA		The second second second			Trust Fund Contribution	Added to Fees		
Zip	Country	Zip	Country		<del></del>	8. This corporation owes the current year			
24 190	25 USA	29 19004	30	V.	54	Intangible Personal Property.	Yes	□ No	
	9. Name and Address of Curre	nt Registered Agent		T		10. Name and Address of New Registers	d Agent		
. 81									
CORPORATION SERVICE COMPANY					Stroot A	ess (P.O. Box Number is Not Acceptable)			
1201 HAYS STREET					Sueet A	duress (P.O. Box Number is Not Acceptable)			
TALLAHASSEE FL 32301-2525				83					
				84	City		- Joe I	7in Cada	
				04	City	F	L  85	Zip Code	
						rporation submits this statement for the purpose of			
office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, section 607.0505, Florida Statutes.									
SIGNATURE									
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE									
12.		ND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS			
TITLE	CCEO	DELETE	1,1 Tf		İ		L Cha	ange L Addition	
NAME	PAGON, MARSHALL W		1.2 N/	-					
STREET ADDRESS	100 MATSONFORD RD, SUIT	E 454			ADDRESS			1	
CITY-ST-ZIP	RADNOR PA 19087	<del>"</del>	_	TY-ST	ZIP		r===		
TITLE	PT DELETE			2.1 TITLE			Cha	nge 🔲 Addition	
NAME	PAGON, MARSHALL W	T 464	2.2 NA					ļ	
STREET ADDRESS	100 MATSONFORD RD, SUIT	£ 454			ADORESS			]	
CITY-ST-ZIP	RADNOR PA 19087		_	TY-ST-	ZIP		<u> </u>		
TITLE	VAS	DELETE	3.1 TI				L Cha	nge Addition	
NAME	VERDECCHIO, ROBERT N	T 454	3.2 No					Ì	
STREET ADDRESS	100 MATSONFORD RD, SUIT	E 454			ADDRESS			į	
CJTY-ST-ZIP	RADNOR PA 19087		_	TY-ST-	ZIP		·	<del>-</del> -	
TITLE	VCAO	DELETE	4.1 T()		1		Cha	nge Addition	
NAME	LODGE, TED S	T 151	4.2 NA					i	
STREET ADDRESS	100 MATSONFORD RD, SUIT	E 404		-	ADDRESS				
CITY-ST-ZIP	RADNOR PA 19087	——————————————————————————————————————	4.4 CI	TY-ST-	ZIP		<u></u>		
TITLE	AS LODGE TED 9	DELETE			]		L Cha	nge Addition	
NAME CTOPET ADDRESS	LODGE, TED S	T 454	5.2 NA		, DODGGG				
STREET ADDRESS	100 MATSONFORD RD, SUIT	E 404			ADDRESS				
CITY-ST-ZIP TITLE	RADNOR PA 19087			TY-ST-	ZIP			<del></del>	
	VS VEDIN HOWADDE	DELETE	6.1 Til				L Cha	nge Addition	
NAME OTDOET ADDRESS	VERLIN, HOWARD E	T 464	6.2 NA					ł	
STREET ADDRESS	100 MATSONFORD RD, SUIT	E 404	- 1		ADDRESS			^	
CITY-ST-ZIP	RADNOR PA 19087	h this filing door not qualify for		TY-ST-		potion 119 07/2\(\text{i}\) Florida Statutos I further cartif	that the	information	

indicated on this annual report or supplied with this filling does not qualify for the exemption stated in section 119.07(3)(f). Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

**SIGNATURE:**