


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT


**FILED**  
**Apr 30, 2007 8:00 am**  
**Secretary of State**

04-30-2007 90422 015 \*\*\*150.00

<b>DOCUMENT # F97000004077</b>	
1. Entity Name <b>AMERICAN TELECASTING DEVELOPMENT, INC.</b>	

Principal Place of Business <b>6500 SPRINT PARKWAY OVERLAND PARK, KS 66251-5997 US</b>	Mailing Address <b>6500 SPRINT PARKWAY MS: HL - 5ASTX OVERLAND PARK, KS 66251-5997 US</b>
-----------------------------------------------------------------------------------------------	------------------------------------------------------------------------------------------------------

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

	
03192007	Chg-P CR2E034 (12/06)
4. FEI Number <b>84-1265444</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent	
<b>CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525</b>	

7. Name and Address of New Registered Agent	
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
-------------------------------------------------------------------------------	------------------------------------------------------------------------------------------------------------------------

10. OFFICERS AND DIRECTORS	
TITLE	P <input type="checkbox"/> Delete
NAME	<b>KELLY, TIMOTHY E</b>
STREET ADDRESS	<b>6200 SPRINT PARKWAY</b>
CITY-ST-ZIP	<b>OVERLAND PARK, KS 66251</b>
TITLE	T <input type="checkbox"/> Delete
NAME	<b>LINDAHL, RICHARD</b>
STREET ADDRESS	<b>2001 EDMUND HALLEY DRIVE</b>
CITY-ST-ZIP	<b>RESTON, VA 20191</b>
TITLE	S/D <input type="checkbox"/> Delete
NAME	<b>HILL, CHRISTIE A.</b>
STREET ADDRESS	<b>2001 EDMUND HALLEY DRIVE</b>
CITY-ST-ZIP	<b>RESTON, VA 20191</b>
TITLE	VP <input type="checkbox"/> Delete
NAME	<b>BESHEARS, MARK V</b>
STREET ADDRESS	<b>6500 SPRINT PARKWAY</b>
CITY-ST-ZIP	<b>OVERLAND PARK, KS 66251</b>
TITLE	D <input checked="" type="checkbox"/> Delete
NAME	<b>BEGEMAN, GARY</b>
STREET ADDRESS	<b>2001 EDMUND HALLEY DRIVE</b>
CITY-ST-ZIP	<b>RESTON, VA 20191</b>
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. 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	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>D Kennedy, Leonard</b>
STREET ADDRESS	<b>2001 Edmund Halley Dr</b>
CITY-ST-ZIP	<b>Reston, VA 20191</b>
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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:  **4/25/07** **913-315-5820**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #