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May 06, 1999 8:00 am
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05-06-1999 90039 032 ***150.00

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PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F98000002789

1. Corporation Name
TCI MULTICOUNTRY DTH, INC.



Principal Place of Business

**5619 DTC PARKWAY
ENGLEWOOD CO 80111**

Mailing Address

**5619 DTC PARKWAY
ENGLEWOOD CO 80111**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/15/1998

4. FEI Number

84-1440960

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 9197 S Peoria Street

2a. Mailing Address

26 PO Box 5630

Suite, Apt. #, etc.

22 Attn: Liberty Tax

Suite, Apt. #, etc.

27 Attn: Liberty Tax

City & State

23 Englewood, CO

City & State

28 Denver, CO

Zip

24 80112

Country

25 USA

Zip

29 80217

Country

30 USA

9. Name and Address of Current Registered Agent

**THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET
TALLAHASSEE FL 32301**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered 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. OFFICERS AND DIRECTORS

TITLE **COB** ☐ DELETE

NAME **MALONE, JOHN C**
STREET ADDRESS **5619 DTC PARKWAY**
CITY-ST-ZIP **ENGLEWOOD CO 80111**

TITLE **PD** ☒ DELETE

NAME **EVANS, DAVID**
STREET ADDRESS **5619 DTC PARKWAY**
CITY-ST-ZIP **ENGLEWOOD CO 80111**

TITLE **EV** ☐ DELETE

NAME **CURTIS, MIRANDA**
STREET ADDRESS **5619 DTC PARKWAY**
CITY-ST-ZIP **ENGLEWOOD CO 80111**

TITLE **EV** ☐ DELETE

NAME **HOLLIS, GRAHAM E**
STREET ADDRESS **5619 DTC PARKWAY**
CITY-ST-ZIP **ENGLEWOOD CO 80111**

TITLE **V** ☐ DELETE

NAME **ARMSTRONG, GREG B**
STREET ADDRESS **5619 DTC PARKWAY**
CITY-ST-ZIP **ENGLEWOOD CO 80111**

TITLE **VSD** ☒ DELETE

NAME **BRETT, STEPHEN M**
STREET ADDRESS **5619 DTC PARKWAY**
CITY-ST-ZIP **ENGLEWOOD CO 80111**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **D** ☒ Change ☐ Addition

1.2 NAME **Malone, John C**
1.3 STREET ADDRESS **9197 S Peoria Street**
1.4 CITY-ST-ZIP **Englewood, CO 80112**

2.1 TITLE **D** ☐ Change ☒ Addition

2.2 NAME **Howard, Gary S.**
2.3 STREET ADDRESS **9197 S Peoria Street**
2.4 CITY-ST-ZIP **Englewood, CO 80112**

3.1 TITLE **P** ☒ Change ☐ Addition

3.2 NAME **Curtis, Miranda**
3.3 STREET ADDRESS **9197 S Peoria Street**
3.4 CITY-ST-ZIP **Englewood, CO 80112**

4.1 TITLE **Hollis, Graham E.** ☒ Change ☐ Addition

4.2 NAME **Hollis, Graham E.**
4.3 STREET ADDRESS **9197 S Peoria Street**
4.4 CITY-ST-ZIP **Englewood, CO 80112**

5.1 TITLE **Armstrong, Greg B** ☒ Change ☐ Addition

5.2 NAME **Armstrong, Greg B**
5.3 STREET ADDRESS **9197 S Peoria Street**
5.4 CITY-ST-ZIP **Englewood, CO 80112**

6.1 TITLE **V** ☐ Change ☒ Addition

6.2 NAME **Blaylock, Gary**
6.3 STREET ADDRESS **9197 S Peoria Street**
6.4 CITY-ST-ZIP **Englewood, CO 80112**

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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, with all other like empowered.

SIGNATURE:

Gary Blaylock/VP
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/99

Date

(720)875-4000

Daytime Phone #

CR2E034 (11/98)