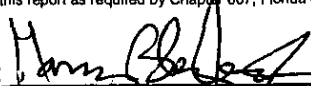


# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 26, 2000 8:00 am**  
**Secretary of State**

04-26-2000 90040 046 \*\*\*150.00

00039412

<b>DOCUMENT #</b> F98000002789 <b>1. Entity Name</b> Liberty Multicountry DTH, Inc.					
<b>Principal Place of Business</b> 9197 S Peoria Street Englewood, CO 80112			<b>Mailing Address</b> PO Box 5630 Denver, CO 80217		
<b>2. Principal Place of Business</b> 9197 S Peoria Street		<b>3. Mailing Address</b> PO Box 5630			
Suite, Apt. #, etc. Attn: Liberty Tax Dept		Suite, Apt. #, etc. Attn: Liberty Tax Dept			
<b>City &amp; State</b> Englewood, CO		<b>City &amp; State</b> Denver, CO		<b>4. FEI Number</b> 84-1440960	
<b>Zip</b> 80112		<b>Country</b> USA		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> The Prentice-Hall Corporation System, Inc. 1201 Hays Street Tallahassee, FL 32301			<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code		
<b>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.</b>					
<b>SIGNATURE</b> _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.</b> (See criteria on back) <input checked="" type="checkbox"/>			<div style="border: 1px solid black; padding: 5px; text-align: center;"> <b>FILE NOW!! FEES \$150.00</b>  <b>After MAY 1, 2000 Fee will be \$550.00</b>  <b>Make Check Payable to Department of State</b> </div>		
			<b>10. Election Campaign Financing</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> Trust Fund Contribution.		
<b>11. OFFICERS AND DIRECTORS</b>			<b>12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
<b>TITLE</b> Director <b>NAME</b> John C. Malone <b>STREET ADDRESS</b> 9197 S Peoria Street <b>CITY - ST - ZIP</b> Englewood, CO 80112	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY - ST - ZIP</b> 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> Vice President <b>NAME</b> Gary Blaylock <b>STREET ADDRESS</b> 9197 S Peoria Street <b>CITY - ST - ZIP</b> Englewood, CO 80112	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY - ST - ZIP</b> 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> President <b>NAME</b> Miranda Curtis <b>STREET ADDRESS</b> 9197 S Peoria Street <b>CITY - ST - ZIP</b> Englewood, CO 80112	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY - ST - ZIP</b> 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> VP/Secretary <b>NAME</b> Vivian J. Carr <b>STREET ADDRESS</b> 9197 S Peoria Street <b>CITY - ST - ZIP</b> Englewood, CO 80112	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY - ST - ZIP</b> 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> VP/Treasurer <b>NAME</b> David JA Flowers <b>STREET ADDRESS</b> 9197 S Peoria Street <b>CITY - ST - ZIP</b> Englewood, CO 80112	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY - ST - ZIP</b> 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY - ST - ZIP</b> 	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY - ST - ZIP</b> 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>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.</b>					
<b>SIGNATURE:</b> 			Gary Blaylock - Vice President		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date		Daytime Phone # 720-875-5500

CR2E034 (9/99)