

**2000 UNIFORM BUSINESS REPORT (UBR)**

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

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

00039412

**DOCUMENT #** F98000002789  
 1. Entity Name  
 Liberty Multicountry DTH, Inc.

Principal Place of Business: 9197 S Peoria Street, Englewood, CO 80112  
 Mailing Address: PO Box 5630, Denver, CO 80217

2. Principal Place of Business: 9197 S Peoria Street  
 3. Mailing Address: PO Box 5630  
 Suite, Apt. #, etc.: Attn: Liberty Tax Dept

City & State: Englewood, CO  
 City & State: Denver, CO  
 Zip: 80112, Country: USA, Zip: 80217, Country: USA

4. FEI Number: 84-1440960  
 Applied For:  Not Applicable  
 5. Certificate of Status Desired:  \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent  
 The Prentice-Hall Corporation System, Inc.  
 1201 Hays Street  
 Tallahassee, FL 32301

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.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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, 2000 Fee will be \$350.00**  
**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	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Director John C. Malone 9197 S Peoria Street Englewood, CO 80112 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Vice President Gary Blaylock 9197 S Peoria Street Englewood, CO 80112 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	President Miranda Curtis 9197 S Peoria Street Englewood, CO 80112 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP/Secretary Vivian J. Carr 9197 S Peoria Street Englewood, CO 80112 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP/Treasurer David JA Flowers 9197 S Peoria Street Englewood, CO 80112 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Gary Blaylock Gary Blaylock - Vice President 720-875-5500  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)