

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F98000002789

1. Entity Name

LIBERTY MULTICOUNTRY DTH, INC.

Principal Place of Business

9197 S PEORIA ST
ATTN: LIBERTY TAX DEPT
ENGLEWOOD CO 80112
US

Mailing Address

P O BOX 5630
ATTN: LIBERTY TAX DEPT
DENVER CO 80217
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 84-1440960

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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, 2001 Fee will be \$550.00
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	D	<input type="checkbox"/> Delete
NAME	MALONE, JOHN C	
STREET ADDRESS	9197 S PEORIA ST	
CITY-ST-ZIP	ENGLEWOOD CO 80112	
TITLE	D	<input type="checkbox"/> Delete
NAME	HOWARD, GARY S	
STREET ADDRESS	9197 S PEORIA	
CITY-ST-ZIP	ENGLEWOOD CO 30112	
TITLE	P	<input type="checkbox"/> Delete
NAME	CURTIS, MIRANDA	
STREET ADDRESS	9197 PEORIA ST	
CITY-ST-ZIP	ENGLEWOOD CO 80112	
TITLE	EV	<input type="checkbox"/> Delete
NAME	HOLLIS, GRAHAM E	
STREET ADDRESS	9197 S PEORIA ST	
CITY-ST-ZIP	ENGLEWOOD CO 80112	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	ARMSTRONG, GREG B	
STREET ADDRESS	9197 S PEORIA ST	
CITY-ST-ZIP	ENGLEWOOD CO 80112	
TITLE	V	<input type="checkbox"/> Delete
NAME	BLAYLOCK, GARY	
STREET ADDRESS	9197 S PEORIA ST	
CITY-ST-ZIP	ENGLEWOOD CO 80112	

12. 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 type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	AV Dave Nosler
STREET ADDRESS	9197 S Peoria Street
CITY-ST-ZIP	Englewood, CO 80112
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Gary Blaylock/Vice President

Date

720-875-5400

Daytime Phone #

FILED
May 03, 2001 8:00 am
Secretary of State

05-03-2001 91159 029 ***150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)