

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 19, 2004 08:00 AM**  
**Secretary of State**

DOCUMENT #F99000005153	
1. Entity Name DESERT COMMUNICATIONS VII, INC.	
Principal Place of Business 4800 N SCOTTSDALE RD 4E80 SCOTTSDALE, AZ 85251	Mailing Address 4800 N SCOTTSDALE RD 4E80 SCOTTSDALE, AZ 85251



04062004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 86-0877467	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324	<b>DO NOT WRITE IN THIS SPACE</b>
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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 \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO MARA, THOMAS E 315 PARK AVE. SOUTH, FLOOR 20 NEW YORK, NY 100103607
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DCOF GRAY, GLENN E 4800 N SCOTTSDALE ROAD SCOTTSDALE, AZ 852517623
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPAS CURTIN, JAMES 4800 N SCOTTSDALE ROAD SCOTTSDALE, AZ 85251
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPT NELSON, VIRGINIA H 4800 N SCOTTSDALE ROAD SCOTTSDALE, AZ 85251
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P STEINBERG, JOSPEH S 315 PARK AVE. SOUTH, FLOOR 20 NEW YORK, NY 100103607
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS WETHOR, ELIZABETH A 4800 N SCOTTSDALE ROAD SCOTTSDALE, AZ 85251

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04/19/04-80048-005 150.00

**DO NOT WRITE IN THIS SPACE**

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Elizabeth A. Wethor **Elizabeth A. Wethor**  
Assistant Secretary  
Date: APR 09 2004 Daytime Phone # 636-7400