

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000054035

FILED  
Jul 11, 2005  
Secretary of State

Entity Name: DIRECT SAT TV, LLC

**Current Principal Place of Business:**

4591 OYSTER SHELL DRIVE  
NORTH CAPTIVA, FL 33924

**New Principal Place of Business:**

340 COMMERC E AVE  
SUITE 20  
SOUTHERN PINES, NC 28387

**Current Mailing Address:**

P.O. BOX 396  
PINELAND, FL 33945

**New Mailing Address:**

340 COMMERCE AVE  
SUITE 20  
SOUTHERN PINES, NC 28387

FEI Number: 20-1401019      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 323012525 US

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR      ( ) Delete  
Name: CRAVEN, RICHARD C  
Address: 4591 OYSTER SHELL DRIVE  
City-St-Zip: NORTH CAPTIVA, FL 33924

Title:      ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

Title: MGR      (X) Change      ( ) Addition  
Name: CRAVEN, RICHARD C  
Address: 340 COMMERCE AVE, SUITE 20  
City-St-Zip: SOUTHERN PINES, NC 28387

Title: MGR      ( ) Change      (X) Addition  
Name: BALDELLI, STEVE  
Address: 340 COMMERCE AVE  
City-St-Zip: SOUTHERN PINES, NC 28387

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: RICHARD CRAVEN

MGR

07/11/2005

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date