2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000002671

1. Entity Name
DISH DIRECT, L.L.C.

Principal Place of Business	Mailing Address
8423 BEAUTYBUSH COURT JACKSONVILLE FL 32244	8423 BEAUTYBUSH COURT JACKSONVILLE FL 32244-6050

2. Principal Place of Business	3. Mailing Address	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	
City & State	City & State	**4. FEI Number** 59-3576781
Zip / Country	Zip / Country	**5.** Certificate of Status Desired ☒ $5.00 Additional Fee Required

Applied For / Not Applicable

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
HENDERSON, SEAN A 8423 BEAUTYBUSH COURT JACKSONVILLE FL 32244	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

FILE NOW!!! FEE IS $50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS		10. ADDITIONS/CHANGES	
TITLE MGRM **NAME** HENDERSON, SEAN A **STREET ADDRESS** 8423 BEAUTYBUSH COURT **CITY-ST-ZIP** JACKSONVILLE FL 32244	☐ Delete	**TITLE** **NAME** **STREET ADDRESS** **CITY-ST-ZIP** *3/16/00*	☐ Change ☐ Addition
TITLE MGRM **NAME** STRICKLAND, DARREN T **STREET ADDRESS** 2233 SAUL DRIVE **CITY-ST-ZIP** JACKSONVILLE FL 32216	☒ Delete	**TITLE** **NAME** **STREET ADDRESS** **CITY-ST-ZIP**	☐ Change ☐ Addition
TITLE **NAME** **STREET ADDRESS** **CITY-ST-ZIP**	☐ Delete	**TITLE** **NAME** **STREET ADDRESS** **CITY-ST-ZIP** 200003178582--5 -03/21/00--01108--017 *****55.00 *****55.00	☐ Change ☐ Addition
TITLE **NAME** **STREET ADDRESS** **CITY-ST-ZIP**	☐ Delete	**TITLE** **NAME** **STREET ADDRESS** **CITY-ST-ZIP**	☐ Change ☐ Addition
TITLE **NAME** **STREET ADDRESS** **CITY-ST-ZIP**	☐ Delete	**TITLE** **NAME** **STREET ADDRESS** **CITY-ST-ZIP**	☐ Change ☐ Addition
TITLE **NAME** **STREET ADDRESS** **CITY-ST-ZIP**	☐ Delete	**TITLE** **NAME** **STREET ADDRESS** **CITY-ST-ZIP**	☐ Change ☐ Addition

CR2E083 (9/99)

11. 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 is true and accurate and that my 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: _Sean Henderson_ Sean D Henderson   1/4/00   (904) 610-4853
SIGNATURE AND TYPED AND PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER   Date   Daytime Phone #