M04000000697

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ACCOUNT NO. : 072100000032

REFERENCE :

088927

AUTHORIZATION

COST LIMIT :

\$ 25.00

ORDER DATE: December 16, 2004

ORDER TIME : 9:51 AM

ORDER NO. : 088927-155

CUSTOMER NO: 7198427

CUSTOMER: Ms. Tracy Strickland

Echostar Satellite Llc 9601 S. Meridian Blvd.

Englewood, CO 80112

CHANGE OF AGENT

NAME: ECHOSPHERE L.L.C.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_ CERTIFIED COPY PLAIN STAMPED COPY

CONTACT PERSON: Troy Todd

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

0	V				
1. The name of the limited	d liability company is	ECHOSPHE	RE L.L.C.		
2. The mailing address of	the limited liability c	ompany is :	9601 South Mer	idian Blvd.	
Englewood, CO 8011	.2				
February 20, 2004			M0400000697		
3. Date of filing/registrati	on in Florida		4. Document nur	nber	
5. The name of the registe Florida Department of S		istered office	address as shown o	on the records of the	
	NRAI	Services, I	Inc.		
		Name			
	526_Ea	ast Park Av	enue		
		Address		75 95	
Tallahassee, FL 32301					
	City	, State and Z	p		
6. The name and address of the new registered agent and/or office:					
	Corporation	on Service	Company	工 万 万	
		Name		吳至 32	
	1201	Hays Stree	t	宣帝 の	
Florida street address (P.O. Box NOT acceptable)					
	Tallahassee	FL 17	32301		
	City,	State and Zip	•		
If the limited liability com confirmed that after the ch and the business office of liability company, it is her the members of the limited the operating agreement of the limited that the operating agreement of Signature of a member or authority.	nange or changes are a the registered agent very beby confirmed that the d liability company of f the limited liability	made, the Flo vill be identic te change(s) v r as otherwise company.	rida street address al. Or, in the case vas/were authorize	of the registered office of a Florida limited d by an affirmative vote of	
Maureen Cullen, Attor	mey In Fact				
(Printed or typed name of signee)					
I hereby accept the appoint comply with the provision, and I am familiar with and Chapter 608, F.S. Or, if the address, I hereby confirm (Signature of Registered Agent) M.	· la anoy			pacity. I further agree to erformance of my duties, agent as provided for in in the registered office my writing of this change.	
	- : : : :				

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00

INHS18(10/99)