2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # M0400000697

1. Entity Name

ECHÓSPHERE L.L.C.



FILED Jan 23, 2008 08:00 AN Secretary of State

Principal Place of Business

Mailing Address

9601 SOUTH MERIDIAN BLVD. ENGLEWOOD, CO 80112

PO BOX 6655

ENGLEWOOD, CO 80155



01042008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number 84-0833457 Applied For Not Applicable

5. Certificate of Status Desired

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525

DO NOT WRITE IN THIS SPACE

8.	 The above named entity submits this statem. 	ent to	ir the purpose of changing its re	egistered office or reg	gistered agent, or both,	in the State of Florida.	i am familiar with, and accept
	the obligations of registered agent.					•	
	- · · 411	•	\$ 4.7				

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

(NOTE: Registered Agent signature required when reinstating)

THE PART OF A STREET AND A FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75

U000000792239

9.	MANAGING MEMBERS/MANAGERS
title Name	M ECHOSTAR DBS CORPORATION
STREET ADDRESS City-St-Zip	9601 SOUTH MERIDIAN BLVD. ENGLEWOOD, CO 80112
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY+ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	·
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRIT IN THIS SPAC

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

SIGNATURE AND TYPED OR PRINT

R. Stanton Dodge, EVP. Gen. Counsel & Sec. 1/9/08
F SIGNING MANAGING MEMBER, OF AUTHORIZED REPRESENTATIVE NAME OF SIGNING MANAGING MEMBER, OF AUTHORIZED REPRESENTATIVE