## 2002 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT# P00000116953

**Entity Name:** DISH MANAGEMENT GROUP, INC.

Apr 09, 2002 8:00 AM Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 

3350 NW BOCA RATON BLVD A-26 BOCA RATON, FL 33431

**Current Mailing Address: New Mailing Address:** 

3350 NW BOCA RATON BLVD A-26 BOCA RATON, FL 33431

FEI Number: 65-1096145 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

LOEWENSTERN, ELLIOT 2600 N. MILITARY TRAIL SUITE 206 BOCA RATON, FL 33431 US LOEWENSTERN, ELLIOT 3350 NW BOCA RATON BLVD A-26 BOCA RATON, FL 33431

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: 04/09/2002

> Electronic Signature of Registered Agent Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X). Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

(X) Change ( ) Addition

Title: () Delete Title: LOEWENSTERN, ELLIOT LOEWENSTERN, ELLIOT Name: Name: 6466 NW 32ND TERR 6466 NW 32ND TERR Address: Address: City-St-Zip: BOCA RATON, FL 33496 City-St-Zip: BOCA RATON, FL 33496

Title: Title: O/D (X) Change ( ) Addition ( ) Delete Name: FORMAN, RANDY Name: FORMAN, RANDY

10392 CANOE BROOK CIRCLE 10392 CANOE BROOK CIRCLE Address: Address: BOCA RATON, FL 33496 BOCA RATON, FL 33496 City-St-Zip: City-St-Zip:

( ) Delete Title: Title: (X) Change ( ) Addition O/D

HYMOWITZ, MITCHELL HYMOWITZ, MITCHELL Name: Name: 11 GENESOF TRAIL 11 GENESOF TRAIL Address: Address: City-St-Zip: HARRISON, NY 10528 City-St-Zip: HARRISON, NY 10528

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 or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MITCHELL HYMOWITZ O/D 04/09/2002