

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 09, 2002 8:00 am
Secretary of State

05-09-2002 90012 037 ***150.00

DOCUMENT # **P01000025864** ✓

1. Entity Name

Dish Activation Inc.

DO NOT WRITE IN THIS SPACE

80092962

2. Principal Place of Business

957 Sand Lake Rd
Suite, Apt. #, etc.

3. Mailing Address

957 Sand Lake Rd
Suite, Apt. #, etc.

City & State

Orlando, Florida

City & State

Orlando, Florida

Zip

32809

Country

USA

Zip

32809

Country

USA

4. FEI Number

59-3702458

Applied For

Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional Fee Required**

7. Name and Address of Current Registered Agent

Name

DONNA L. DRAVES

Street Address (P.O. Box Number is Not Acceptable)

120 E. Concord St.

City

Orlando

FL

Zip Code

32801

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

Donna L. Draves - DONNA L. DRAVES

4/25/02

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)



January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution.



\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

PS D
Harmon, Mark T.
957 Sand Lake Rd
Orlando, FL 32809

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

V P
Settecase, Joseph A.
957 Sand Lake Rd.
Orlando, FL 32809

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

T D
Menendez, James
957 Sand Lake Rd.
Orlando, FL 32809

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

13. 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 or supplemental report is true and accurate and that my 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 in Block 11 or on an attachment with an address, with all other like empowered.

SIGNATURE:

Mark T. Harmon

4/25/02 (407) 358-5108

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034B (12/01)