## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P01000025864

Entity Name: DISH ACTIVATION INC.

FILED May 14, 2005 Secretary of State

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

957 SAND LAKE RD 3635 N. ORANGE BLOSSOM TRAIL

ORLANDO, FL 32809 ORLANDO, FL 32804

Current Mailing Address: New Mailing Address:

957 SAND LAKE RD 1809 E. BROADWAY ST. ORLANDO, FL 32809 SUITE 314

OVIEDO, FL 32765

FEI Number: 59-3702458 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:

DRAVES, DONNA

126 E. CONCORD ST.
ORLANDO, FL 32801 US

MARK, HARMON
3635 N. ORANGE BLOSSOM TRAIL
ORLANDO, FL 32804 US

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: MARK T. HARMON 05/14/2005

Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

 Title:
 PSD
 ( ) Delete
 Title:
 PSDT
 (X) Change ( ) Addition

 Name:
 HARMON, MARK T
 Name:
 HARMON, MARK T

Address: 6359 EDGEWATER DR. Address: 3635 N. ORANGE BLOSSOM TRAIL

City-St-Zip: ORLANDO, FL 32810 City-St-Zip: ORLANDO, FL 32804

Title: VD ( ) Delete Title: VD (X) Change ( ) Addition

Name: SETTECASE, JOSEPH A
Address: 6359 EDGEWATER DR.

Name: SETTECASE, JOSEPH A
Address: 3635 N. ORANGE BLOSSOM TRAIL

City-St-Zip: ORLANDO, FL 32810 City-St-Zip: ORLANDO, FL 32804

Title: TD (X) Delete Title: ( ) Change ( ) Addition

 Name:
 MENENDEZ, JAMES
 Name:

 Address:
 6359 EDGEWATER DR.
 Address:

 City-St-Zip:
 ORLANDO, FL 32810
 City-St-Zip:

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: MARK T. HARMON P 05/14/2005