

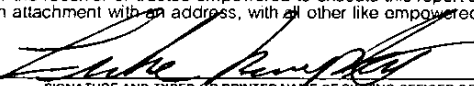


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 30, 2007 8:00 am**  
**Secretary of State**

04-30-2007 90382 035 \*\*\*158.75

<b>DOCUMENT # P02000044417</b> 1. Entity Name <b>DISH TODAY SATELLITE TONIGHT INCORPORATED</b>					
Principal Place of Business <b>HOPE MOTTE 16220 37 DR WELLBORN FL 32094</b>			Mailing Address <b>HOPE MOTTE 16220 37 DR WELLBORN FL 32094</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>MOTTE, HOPE 16220 37 DRIVE WELLBORN FL 32094</b>				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;"> <b>FL</b> Zip Code       </div>	
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. I am familiar with, and accept the obligations of registered agent. <div style="display: flex; justify-content: space-between; align-items: flex-end;"> <div style="width: 40%;">           SIGNATURE   <small>Signature, typed or printed name of registered agent and title if applicable.</small> </div> <div style="width: 40%; text-align: center;"> <b>CEO</b> </div> <div style="width: 20%; text-align: right;"> <b>5/1/07</b>  <small>DATE</small> </div> </div>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	CEO		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MOTTE, HOPE		NAME		
STREET ADDRESS	16220 37 DRIVE		STREET ADDRESS		
CITY - ST - ZIP	WELLBORN FL 32094		CITY - ST - ZIP		
TITLE	PRES		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KEMPFFERT, LUKE A PRESIDE		NAME		
STREET ADDRESS	16228 37TH DRIVE		STREET ADDRESS		
CITY - ST - ZIP	WELLBORN FL 32094		CITY - ST - ZIP		
TITLE	SEC.		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KEMPFFERT, MELISSA K SECRETA		NAME		
STREET ADDRESS	9208 192ND ST		STREET ADDRESS		
CITY - ST - ZIP	WELLBORN FL 32094		CITY - ST - ZIP		
TITLE	TRE		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SINEATH, MARGARET M TREASUR		NAME		
STREET ADDRESS	5683 153RD ROAD		STREET ADDRESS		
CITY - ST - ZIP	LIVE OAK FL 32060		CITY - ST - ZIP		
TITLE	VP		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KEMPFFERT, DAVID L VICE PR		NAME		
STREET ADDRESS	16232 37TH DRIVE		STREET ADDRESS		
CITY - ST - ZIP	WELLBORN FL 32094		CITY - ST - ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<b>Luke Kempfert</b> <b>5/1/07</b> <b>386-963-1113</b> <small>Date Daytime Phone #</small>		



1st MOORE, J. CR2E034 (10/06)