

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000044417

FILED
Jan 16, 2009
Secretary of State

Entity Name: DISH TODAY SATELLITE TONIGHT INCORPORATED

Current Principal Place of Business:

HOPE MOTTE
16220 37 DR
WELLBORN, FL 32094

New Principal Place of Business:

Current Mailing Address:

HOPE MOTTE
16220 37 DR
WELLBORN, FL 32094

New Mailing Address:

FEI Number: 04-3654987 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

MOTTE, HOPE
16220 37 DRIVE
WELLBORN, FL 32094 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: CEO () Delete
Name: MOTTE, HOPE
Address: 16220 37 DRIVE
City-St-Zip: WELLBORN, FL 32094 US

Title: PRES () Delete
Name: KEMPFERT, LUKE A PRESIDE
Address: 16228 37TH DRIVE
City-St-Zip: WELLBORN, FL 32094 US

Title: SEC. () Delete
Name: KEMPFERT, MELISSA K SECRETA
Address: 9208 192ND ST
City-St-Zip: WELLBORN, FL 32094 US

Title: TRE () Delete
Name: SINEATH, MARGARET M TREASUR
Address: 5683 153RD ROAD
City-St-Zip: LIVE OAK, FL 32060 US

Title: VP () Delete
Name: KEMPFERT, DAVID L VICE PR
Address: 16232 37TH DRIVE
City-St-Zip: WELLBORN, FL 32094 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: HOPE K. MOTTE

CEO

01/16/2009

Electronic Signature of Signing Officer or Director

_____ Date