

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P31253 (8)

1. Corporation Name

SATELLITE CABLE SERVICES, INC.



Principal Place of Business

Mailing Address

**513 S. MAIN AVENUE
P.O. BOX 1030
SIOUX FALLS SD 57101-1030**

**513 S. MAIN AVENUE
P.O. BOX 1030
SIOUX FALLS SD 57101-1030**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

**DALTON, STEPHEN E.
1833 HENDRY STREET
P.O. DRAWER 1507
FT. MYERS FL 33902**

81 Name

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

83

84 City

FL

85 Zip Code

3. Date Incorporated or Qualified

10/05/1990

3a. Date of Last Report

01/27/1995

4. FEI Number

46-0355993

Applied For

Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution

☐ **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

☐ Yes ☐ No

10. Name and Address of New Registered Agent

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME **D ABBOTT, J W**
STREET ADDRESS **1105 WALNUT**
CITY-ST-ZIP **YANKTON SD**

TITLE ☐ DELETE
NAME **VD KNUDSON, DAVID L.**
STREET ADDRESS **2100 SLATEN COURT**
CITY-ST-ZIP **SIOUX FALLS SD**

TITLE ☐ DELETE
NAME **V BIRSCHBACH, DOUGLAS M.**
STREET ADDRESS **805 2ND ST., SW**
CITY-ST-ZIP **DESMET SD**

TITLE ☐ DELETE
NAME **V JOHNSON, J. ALAN**
STREET ADDRESS **P.O. BOX 295**
CITY-ST-ZIP **HILL CITY SD**

TITLE ☐ DELETE
NAME **STD HAYES, ROBERT E.**
STREET ADDRESS **1303 S. MAIN AVENUE**
CITY-ST-ZIP **SIOUX FALLS SD**

TITLE ☐ DELETE
NAME **D SMITH, DEMING**
STREET ADDRESS **1510 S. PHILLIPS AVENUE**
CITY-ST-ZIP **SIOUX FALLS SD**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☐ Change ☒ Addition
12 NAME **President:**
13 STREET ADDRESS **Richard A. Cutler**
14 CITY-ST-ZIP **1005 Ralph Rogers Road**
Sioux Falls, SD 57106

21 TITLE ☐ Change ☐ Addition
22 NAME
23 STREET ADDRESS

24 CITY-ST-ZIP
31 TITLE ☐ Change ☐ Addition
32 NAME
33 STREET ADDRESS

34 CITY-ST-ZIP
41 TITLE ☐ Change ☐ Addition
42 NAME
43 STREET ADDRESS

44 CITY-ST-ZIP
51 TITLE ☐ Change ☐ Addition
52 NAME
53 STREET ADDRESS

54 CITY-ST-ZIP
61 TITLE ☐ Change ☐ Addition
62 NAME
63 STREET ADDRESS

64 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Richard A. Cutler

1/22/96 (605) 336-2880

Date

Daytime Phone #

CR2E034 (12/95)