FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

FILED
Apr 18 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
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

3. Date Incorporated or Qualified: 10/05/1990
3a. Date of Last Report: 03/19/1996

2. Principal Place of Business
21 100 North Phillips Avenue
Suite, Apt. #, etc.
22 Suite 901
City & State
23 Sioux Falls, SD
Zip 24 57104 Country 25 USA

2a. Mailing Address
26 100 North Phillips Avenue
Suite, Apt. #, etc.
27 Suite 901
City & State
28 Sioux Falls, SD
Zip 29 57104 Country 30 USA

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

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name: John Streeter
82 Street Address (P.O. Box Number is Not Acceptable): 5120 Stringfellow Road
83
84 City: St. James City FL 85 Zip Code: 33956

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 _____ John Streeter _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☐ DELETE	1.1 TITLE	President/Director	☐ Change ☒ Addition
NAME	ABBOTT, J W		1.2 NAME	Richard A. Cutler	
STREET ADDRESS	1105 WALNUT		1.3 STREET ADDRESS	1005 Ralph Rogers Road	
CITY-ST-ZIP	YANKTON SD		1.4 CITY-ST-ZIP	Sioux Falls, SD 57108	
TITLE	VD	☐ DELETE	2.1 TITLE	Director	☐ Change ☒ Addition
NAME	KNUDSON, DAVID L.		2.2 NAME	David Bozied	
STREET ADDRESS	2100 SLATEN COURT		2.3 STREET ADDRESS	676 Park Avenue	
CITY-ST-ZIP	SIOUX FALLS SD		2.4 CITY-ST-ZIP	Brookings, SD 57006	
TITLE	V	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	BIERSCHBACH, DOUGLAS M.		3.2 NAME		
STREET ADDRESS	805 2ND ST., SW		3.3 STREET ADDRESS		
CITY-ST-ZIP	DESMET SD		3.4 CITY-ST-ZIP		
TITLE	V	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	JOHNSON, J. ALAN		4.2 NAME		
STREET ADDRESS	P.O. BOX 295		4.3 STREET ADDRESS		
CITY-ST-ZIP	HILL CITY SD		4.4 CITY-ST-ZIP		
TITLE	STD	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	HAYES, ROBERT E.		5.2 NAME		
STREET ADDRESS	1303 S. MAIN AVENUE		5.3 STREET ADDRESS		
CITY-ST-ZIP	SIOUX FALLS SD		5.4 CITY-ST-ZIP		
TITLE	D	☒ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	SMITH, DEMING		6.2 NAME		
STREET ADDRESS	1510 S. PHILLIPS AVENUE		6.3 STREET ADDRESS		
CITY-ST-ZIP	SIOUX FALLS SD		6.4 CITY-ST-ZIP		

CR2E034 (9/96)

14. I do 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 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: _____ Richard A. Cutler 4/9/97 (605) 335-4950