

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P31253

1. Corporation Name

SATELLITE CABLE SERVICES, INC.

Principal Place of Business

100 N PHILLIPS AVE
STE 901
SIOUX FALLS SD 57104
US

Mailing Address

100 N PHILLIPS AVE
STE 901
SIOUX FALLS SD 57104
US

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

STREETER, JOHN
5120 STRINGFELLOW RD
P.O. DRAWER 1507
ST JAMES CITY FL 33956

3. Date Incorporated or Qualified

10/05/1990

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 owes the current year intangible
Personal Property Tax.

☐ Yes

☒ No

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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

D

☐ DELETE

NAME

ABBOTT, J W

STREET ADDRESS

415 E MAIN ST

CITY-ST-ZIP

VERMILLION SD 57069

TITLE

VD

☐ DELETE

NAME

KNUDSON, DAVID L.

STREET ADDRESS

2100 SLATEN COURT

CITY-ST-ZIP

SIOUX FALLS SD

TITLE

V

☐ DELETE

NAME

BIERSCHBACH, DOUGLAS M.

STREET ADDRESS

805 2ND ST., SW

CITY-ST-ZIP

DESMET SD

TITLE

V

☐ DELETE

NAME

JOHNSON, J. ALAN

STREET ADDRESS

P O BOX 295 N/A

CITY-ST-ZIP

HILL CITY SD

TITLE

STD

☐ DELETE

NAME

HAYES, ROBERT E.

STREET ADDRESS

1303 S. MAIN AVENUE

CITY-ST-ZIP

SIOUX FALLS SD

TITLE

PD

☐ DELETE

NAME

CUTLER, RICHARD A

STREET ADDRESS

1005 RALPH ROGERS RD

CITY-ST-ZIP

SIOUX FALLS SD

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

D

☐ Change

☒ Addition

1.2 NAME

Bozied, David

1.3 STREET ADDRESS

676 Park Avenue

1.4 CITY-ST-ZIP

Brookings, SD 57006

2.1 TITLE

☐ Change

☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

☐ Change

☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

☐ Change

☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

☐ Change

☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

☐ Change

☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Richard A. Cutler

1/11/99

(605) 335-4950

Date

Daytime Phone #

CR2E034 (1/198)

0550631

FILED
May 01, 1999 8:00 am
Secretary of State

05-01-1999 90010 011 ***150.00



DO NOT WRITE IN THIS SPACE