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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

**FILED** 

May 13 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P9200000825 (9)

PEGASUS COMMUNICATIONS CORPORATION

Principal Place of Business Mailing Address					
687 ALDERMAN ROAD 1887 ALDERMAN RD.					
#101	HOAD	#101			
PALM HARBOR	FL 34683	PALM HARBOR FL 34683-2602			
US		US		<ol> <li>Date Incorporated or Qualified 10/26/1992</li> </ol>	3a. Date of Last Report 05/01/1996
2. Principal Pl	ace of Business	2a. Mailing Address		4. FEI Number	Applied For
21]		26 634 Hous	e when der	59-3149775	Not Applicable
Suite, Apt. :	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be
23		28 O'AM FARB.	my fu	Trust Fund Contribution	Added to Foes
Zìp <b>24</b>	Country	28 PAIN YMB.	Country	8. This corporation has liability for in	ntangible tax under s. 199.032, -Yes  No
24]	9. Name and Address of Current		30] 272	Florida Statutes  10. Name and Address of New Reg	
STE		ttogiotorougetgo:n	81 Name .		
William K, Stewart					
		dress (P.O. Box Number is Not Acceptabl	e)		
#101- 634 House wew CR.					
PALM HARBOR FL-34684					
			84 City	).) 1/	FL 85 Zip Code 34653
44 Diversort	to the manifelent of Continue 607 0500	and COZ 1500 Florida Ciatula		PAIM HAR BOK rporation submits this statement for the pu	
office or re	egistered agent, or both, in the State of	of Florida, Such change was a	uthorized by the corpora	ation's board of directors. I hereby accept	the appointment as 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, typod or prented name of registered agent and life till applicable (NOTE Registered Agent signature required when reinstains)  OATE					
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICE	
TITLE	D	DELETE	1.1 TITLE		Change Addition
NAME	STEWART, WILLIAM K	-	1.2 NAME		7
STREET ADDRESS	3015 RED OAK-COURT #101		1.3 STREET ADDRESS	634 House when	<b>で</b> 火
CITY-ST-ZIP	PALM HARBOR FL 34684		1.4 City - ST - ZiP	Palu May Box, H. 3	41.83
TITLE	D	DELETE	2.1 7/1/E	634 House when PAIN HAM BOX, Fl. 3 634 House wene PAIN HARBON, H	Change Addition
NAME	STEWART, CLAUDIA G	- "	2.2 NAME		<b>7</b>
STREET ADDRESS	3015 RED OAK COURT #101		2.3 STREET ADDRESS	634 House ween	CKI
CITY-ST-ZIP	PALM HARBOR FL 34684 -		2 4 CHY-S1-ZIP	Palu HARBON H	346 82
TITLE		DELETE	31 THLE	V Mills (VI Colors)	☐ Change ☐ Addition
NAME			3 2 NAME	·	
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4. CITY - S1 - ZIP		
TITLE		☐ DELETE	4.1 TITLE		Change Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREFT ADDRESS		
CITY-ST-ZIP			5.4 CITY - ST - ZIP		
TITLE		DELETE	6.1 TITLE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY - ST - ZIP		
14. I do heret	by certify that the information supplied	with this filing does not qualify	y for the exemption state	ed 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 eath, that I am an efficer or director of the corporation or the receiver or trusted 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.					