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Apr 29, 1999 8:00 am
Secretary of State

04-29-1999 90145 039 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # P97000055141

1. Corporation Name
DISH IT UP, INC.

Principal Place of Business
6504 NORTH STATE ROAD 7
COCONUT CREEK FL 33073

Mailing Address
6504 NORTH STATE ROAD 7
COCONUT CREEK FL 33073

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
06/23/1997

4. FEI Number
65-0762994

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

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

10. Name and Address of New Registered Agent

LESSMANN, JODI M
6504 NORTH STATE ROAD 7
COCONUT CREEK FL 33073

81 Name
MARLENE C. LESSMANN

82 Street Address (P.O. Box Number is Not Acceptable)
5842 EAGLE CAY CIRCLE

83

84 City

COCONUT CREEK

FL

85 Zip Code

33073-2606

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 *Marlene C. Lessmann*

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

(NOTE: Registered Agent signature required when reinstating)

4/26/99

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☐ DELETE
NAME LESSMANN, JODI M
STREET ADDRESS 6504 NORTH STATE ROAD 7
CITY-ST-ZIP COCONUT CREEK FL 33073

1.1 TITLE VICE PRESIDENT ☒ Change ☒ Addition
1.2 NAME
1.3 STREET ADDRESS 3634 COCO PLUM CIRCLE
1.4 CITY-ST-ZIP COCONUT CREEK FLORIDA 33063-5980

TITLE D ☐ DELETE
NAME LESSMANN, LAUREN M
STREET ADDRESS 6504 NORTH STATE ROAD 7
CITY-ST-ZIP COCONUT CREEK FL 33073

2.1 TITLE SECRETARY ☒ Change ☒ Addition
2.2 NAME
2.3 STREET ADDRESS 5842 EAGLE CAY CIRCLE
2.4 CITY-ST-ZIP COCONUT CREEK FLORIDA 33073-2606

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE PRESIDENT/TREASURER/DIRECTOR ☐ Change ☒ Addition
3.2 NAME MARLENE C. LESSMANN
3.3 STREET ADDRESS 5842 EAGLE CAY CIRCLE
3.4 CITY-ST-ZIP COCONUT CREEK FLORIDA 33073-2606

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
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: *Marlene C. Lessmann* Pres. 4/26/99 (954) 725-3800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)