


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90454 031 ***150.00

DOCUMENT # P97000055141 1. Entity 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		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 65-0762994	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent LESSMANN, MARLENE C 5851 HOLMBERG ROAD, UNIT 2822 PARKLAND, FL 33067-4527			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 5766 NORTH WEST 119TH DRIVE City CORAL SPRINGS FL Zip Code 33076		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE: <i>MARLENE LESSMANN</i> ✓ 4/28/05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD LESSMANN, JODI M 3634 COCO PLUM CIRCLE COCONUT CREEK, FL 330635980 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 5766 NORTH WEST 119TH DRIVE CORAL SPRINGS FLORIDA 33076	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD LESSMANN, LAUREN M 5851 HOLMBERG ROAD UNIT #2822 PARKLAND, FL 330674527 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 5766 NORTH WEST 119TH DRIVE CORAL SPRINGS FLORIDA 33076	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD LESSMANN, MARLENE C 5851 HOLMBERG ROAD UNIT #2822 PARKLAND, FL 330674527 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 5766 NORTH WEST 119TH DRIVE CORAL SPRINGS FLORIDA 33076	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <i>MARLENE LESSMANN</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			✓ 4/28/05 ✓ 951-725-3800 <small>Date Daytime Phone #</small>		