

STATE OF ARIZONA CORPORATION COMMISSION CORPORATION ANNUAL REPORT & CERTIFICATE OF DISCLOSURE



DUE ON OR BEFORE 11/25/2007

FY07-08

FILING FEE \$45.00

The following information is required by A.R.S. §§10-1622 & 10-11622 for all corporations organized pursuant to Arizona Revised Statutes, Title 10. The Commission's authority to prescribe this form Is A.R.S. §§10-121.A. & 10-3121.A. YOUR REPORT MUST BE SUBMITTED ON THIS ORIGINAL FORM. Make changes or corrections where necessary. Information for the report should reflect the current status of the corporation. See instructions on page 4 for proper format.

1. F-0803349-9 / THE DIRECTV GROUP, INC. % CORPORATION SERVICE COMPANY 2338 W ROYAL PALM RD STE J PHOENIX, AZ 85021

PEC 10 2007

ARIZONA CORP. COMMISSION CORPORATIONS DIVISION

Business Phone: 310 - 964 - 0738 (Business phone is optional.)

State of Domicile: DELAWARE Type of Corporation: BUSINESS

2. Statutory Agent: CORPORATION SERVICE COMPANY

Physical Address, If Different.

Mailing Address: 2338 W ROYAL PALM RD STE J City, State, Zip: PHOENIX, AZ 85021 Physical Address: City, State, Zip:

ACC USE ONLY	
Fee	\$
Penalty	\$
Reinstate	\$
Expedite	\$
Resubmit	\$

ing a <u>new</u> statutory agent, the new agent MUST consent to that ent by signing below.
r We, (corporation or limited liability company) having been designated the new Statutory A sent to this appointment until my removal or resignation pursuant to law.
Signature of <i>new</i> Statutory Agent

Secondary Address:

(Foreign Corporations are <u>**REQUIRED**</u> to complete this section).

2711 CENTERVILLE RD #400 WILMINGTON, DE 19808

Leading Check the one category below which best describes the CHARACTER OF BUSINESS of your corporation.

BUSINESS CORPORATIONS

NON-PROFIT CORPORATIONS

BUSINESS CORP	URATIONS
1. Accounting	20. Manufacturing
2. Advertising	21. Mining
3. Aerospace	22. News Media
4. Agriculture	23. Pharmaceutical
5. Architecture	24. Publishing/Printing
6. Banking/Finance	25. Ranching/Livestock
7. Barbers/Cosmetology	26. Real Estate
8. Construction	27. Restaurant/Bar
9. Contractor	28. Retail Sales
10. Credit/Collection	29. Science/Research
11. Education	30. Sports/Sporting Events
12. Engineering	31. Technology(Computers)
13. Entertainment	32. Technology(General)
14. General Consulting	33. Television/Radio
15. Health Care	34. Tourism/Convention Services
16. Hotel/Motel	35. Transportation
17. lmport/Export	36. Utilities
18. Insurance	37. Veterinary Medicine/Animal Care
19. Legal Services	¥38. Other Tele communication

1. <u> </u>
2 Benevolent
3 Educational
4 Civic
5. Political
6. Religious
7. Social
8 Literary
9 Cultural
10 Athletic
11. Science/Research
12 Hospital/Health Care

Charitable

Science/Research
Hospital/Health Care
Agricultural
Animal Husbandry
Homeowner's Association
Professional, commercial

industrial or trade association

Other____

5. CAPITALIZATION: (Business	Corporations and Business Trusts	are REQUIRED to complete this section.)
	number of transferable certificat at or Type Clearly.	es held by trustees evidencing their beneficial interest in
5a. Please examine the corpor	ation's original Articles of Incor	poration for the amount of shares authorized.
Number of Shares/Certificates Aut 3,000,000,00	00 common	Series Within Class (if any)
	nendments to determine if the ne number of shares issued.	original number of shares has changed. Examine the
Number of Shares/Certificates issu	ued Class	Series Within Class (if any)
1,223,578,664	Commo	n
6. SHAREHOLDERS: (Business	——————————————————————————————————————	s are REQUIRED to complete this section.)
	an 20% of any class of shares	issued by the corporation, or having more than a 20%
_	entainment Group	Name:
NONE INAME:		Name:
7. OFFICERS Please Type	or Print Clearly. You	Must List at Least One.
Name: <u>Chase Care</u>	<u>y</u> n	ame: LARRY Hunter
Title: President & CF	<u>-0</u> т	ille: Exec. V.P., General Counsel & Secretary
Address: 2230 E. Imper	,	ddress: 2230 E. IMPERIAL HWY.
El segundo, 1	J	El Segundo, CA 90245
Date taking office:		ate taking office:
Name: Michael PA	MKOVIC N	ame: Janet Williamson
Title: Exec.V.P., F	<u>CFO</u> T	itle: Assistant Secretary
Address: 2230 E IMA	Erial Hary. A	odress: 2230 E. Imperial Hwy
El Segundo,	CA 90245	El Segundo, Ca 90345
Date taking office:	D	ate taking office:
8. DIRECTORS Please Type	or Print Clearly. You	Must List at Least One.
Name: <u>Chase C</u>	AREY N	ame:
·~ ^	//	ddress:
ElSegunde	2, (A 4024)	,
Date taking office:	•	ate taking office:
Name: <u>A RUSCY (</u>	Klurdoch N	ame:
Address: 1211 Avenue of New York, N	ſ	ddress:
Date taking office:		ate taking office:

Please Enter Corporation Name: The DINCTV, Group, Inc. File number F-0803349-9Page 3				
9. FINANCIAL DISCLOSURE (A.R.S. §10-11622.A.9)				
Nonprofit corporations must attach a financial statement (e.g. income/expense statement, balance sheet including assets, liabilities). All other forms of corporations are exempt from filing a financial disclosure.				
9A. <u>MEMBERS</u> (A.R.S. § 10-11622.A.6)				
Only Nonprofit Corporations must answer this question. This corporation DOES DOES NOT have members.				
10. <u>CERTIFICATE OF DISCLOSURE</u> (A.R.S. §§10-1622.A.8 & 10-11622.A.7) Has ANY person serving either by election or appointment as an officer, director, trustee, incorporator <u>and/or person controlling or holding more than 10% of the issued and outstanding common shares or 10% of any other proprietary, beneficial or membership interest in the corporation been: [Underlined portion pertains to business corporations only]</u>				
 Convicted of a felony involving a transaction in securities, consumer fraud or antitrust in any state or federal jurisdiction within the seven year period immediately preceding the execution of this certificate? Convicted of a felony, the essential elements of which consisted of fraud, misrepresentation, theft by false pretenses or restraint of trade or monopoly in any state or federal jurisdiction within the seven year period immediately preceding execution of this certificate? Or are subject to an injunction, judgment, decree or permanent order of any state or federal court entered within the seven year period immediately preceding execution of this certificate where such injunction, judgment, decree or permanent order involved the violation of: (a) fraud or registration provisions of the securities laws of that jurisdiction, or (b) the consumer fraud laws of that jurisdiction, or (c) the antitrust or restraint of trade laws of that jurisdiction? 				
One box must be marked: YES NO				
If "YES", the following information must be submitted as an attachment to this report for each person subject to one or more of the actions stated in Items 1. through 3. above.				
1. Full name and prior names used. 5. Date and location of birth.				
 Full birth name. Present home address. Prior addresses (for immediate preceding 7 year period). Social Security Number The nature and description of each conviction or judicial action; the date and location; the court and public agency involved, and the file or cause number of the case. 				
11. STATEMENT OF BANKRUPTCY, RECEIVERSHIP or CHARTER REVOCATION (A.R.S. §§10-202.D.2, 10-3202.D.2, 10-				
A) Has the corporation filed a petition for bankruptcy or appointed a receiver? One box must be marked: YES D NO				
3) Has any person serving as an officer, director, trustee or incorporator of the corporation served in any such capacity OR held or controlled				
over 20% of the issued and outstanding common shares, or 20% of any other proprietary, beneficial or membership interest in any other				
corporation which has been placed in bankruptcy, receivership or had its charter revoked, or administratively or judicially dissolved by any state or jurisdiction?				
Underlined portion pertains to business corporations only] One box must be marked: YES NOTE				
 If "YES" to A and/or B, the following information must be submitted as an attachment to this report for each person subject to the statement above. The names and addresses of each corporation and the person or persons involved. (e.g. officer, director, trustee or major stockholder) The state in which each corporation was a) incorporated b) transacted business. The dates of corporate operation. If any involved person (listed in #1) has been involved in any other bankruptcy proceeding within the past year, the name and address of each corporation. Date, Case number and Court where the bankruptcy was filed or receiver appointed. Name and address of court appointed receiver. 				
2. SIGNATURES: Annual Reports must be signed and dated by at least one duly authorized officer or they will be rejected.				
I declare, under penalty of law that all corporate income tax returns required by Title 43 of the Arizona Revised Statutes have been filed with the Arizona Department of Revenue. I further declare under penalty of law that I (we) have examined this report and the certificate, including any attachments, and to the best of my (our) knowledge and belief they are true, correct and complete.				
Name Anet Willamson Date 12/6/0 Name Date				
SignatureSignature				
Title ASSISTANT SECRETARY Title (Signator(s) must be duly authorized corporate officer(s) listed in section 7 of this report.)				