

**2001 UNIFORM BUSINESS REPORT (UBR)**

AMENDED

**DOCUMENT #** F 00000006243  
 1. Entity Name  
 COM TECH INTERNATIONAL CABLE CORPORATION

FILED

01 JUL 27 PM 4: 20

Principal Place of Business Mailing Address  
 6001 BROKEN SOUND PARKWAY N.W., SUITE 600  
 BOCA RATON, FL 33487

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

900004524479--6

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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address  
 15950 WEST DIXIE HIGHWAY SAME  
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State  
 N. MIAMI BEACH, FL

4. FEI Number Applied For  
 65-1061040 Not Applicable

Zip Country Zip Country  
 33162 USA

5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
 CT CORPORATION SYSTEM INC  
 1200 SOUTH PINE ISLAND ROAD  
 PLANTATION, FL 33324

7. Name and Address of New Registered Agent  
 Name N/A  
 Street Address (P.O. Box Number is Not Acceptable)  
 City FL Zip Code

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.

SIGNATURE Corrie Bryan Special Asst. Secy. 7-27-01  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so.  (See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
 After MAY 1, 2001 Fee will be \$550.00  
 Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT <input checked="" type="checkbox"/> Delete SCOTT DRAKE 6001 BROKEN SOUND HIGHWAY, STE 600 BOCA RATON, FL 33487
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT <input checked="" type="checkbox"/> Delete LARRY FERK 6001 BROKEN SOUND HIGHWAY, STE 600 BOCA RATON, FL 33487
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD <input checked="" type="checkbox"/> Delete DAREN WELLS 6001 BROKEN SOUND HIGHWAY, STE 600 BOCA RATON, FL 33487
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VDA <input checked="" type="checkbox"/> Delete WALTER J. FRANK, JR. 6001 BROKEN SOUND HIGHWAY, STE 600 BOCA RATON, FL 33487
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT & CEO <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition DAVID WARNES 2977 MCFARLANE ROAD, SUITE 300 COCONUT GROVE, FL 33133
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition DAVID MARTIN 2977 MCFARLANE ROAD, SUITE 300 COCONUT GROVE, FL 33133
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVP, SECRETARY & TREASURER <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition LOUIS P. GIORDANO 2977 MCFARLANE ROAD, SUITE 300 COCONUT GROVE, FL 33133
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"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: David Warnes 7/16/01  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/00)