

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 JUN 19 AM 11:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F93000005294 (4)**

1. Corporation Name
CONSUMER CABLE INC.

Principal Place of Business Mailing Address
PO BOX 584 MARION IN 46952

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **11/19/1993** 3a. Date of Last Report **02/08/1994**

2. Principal Place of Business 2a. Mailing Address
21 State, Apt #, etc 26 State, Apt #, etc
22 City & State 27 City & State
23 Zip 29 Country 30

4. FEI Number **61-1186898** 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 has liability for intangible tax under § 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**GHOLSON, GERALD
4519 GEORGE RD
SUITE 110
TAMPA FL 33634**

81 Name **Bob Barnett**
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

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

Robert Barnett

NOTE: Registered Agent signature required when registering.

12. OFFICERS AND DIRECTORS
12.1 TITLE **P**
12.2 NAME **WHITTON, MICK**
12.3 STREET ADDRESS **4229 BARDSTOWN RD, SUITE 333 & 334**
12.4 CITY, ST, ZIP **LOUISVILLE KY**
12.5 NAME **ISKANDER, ATEF**
12.6 STREET ADDRESS **PO BOX 584**
12.7 CITY, ST, ZIP **MARION IN**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
13.1 TITLE Change Addition
13.2 NAME
13.3 STREET ADDRESS
13.4 CITY, ST, ZIP
13.5 NAME
13.6 STREET ADDRESS
13.7 CITY, ST, ZIP
13.8 NAME
13.9 STREET ADDRESS
13.10 CITY, ST, ZIP
13.11 NAME
13.12 STREET ADDRESS
13.13 CITY, ST, ZIP
13.14 NAME
13.15 STREET ADDRESS
13.16 CITY, ST, ZIP
13.17 NAME
13.18 STREET ADDRESS
13.19 CITY, ST, ZIP

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14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information included on this annual report or registration statement is true and accurate and that my signature shall have the same legal effect as if made under oath. I am an officer or director of the corporation or the member or partner or proprietor to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 1, 2 or Block 3 of this report, or in an attachment with an address.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/3/95 (317)662-0037