FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR -4 AM 11:43

DOCUMENT # **F94000001289 (7)**

1. Corporation Name
CABLE SERVICES GROUP, INC.

Principal Place of Business
11718 NICHOLAS ST.
OMAHA NE 68154

Mailing Address
11718 NICHOLAS ST.
OMAHA NE 68154

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **03/14/1994**
3a. Date of Last Report:

2. Principal Place of Business
21 10825 Old Mill Road
Suite, Apt. #, etc.
22 CC-4
City & State
23 Omaha NE
Zip 24 68154 Country 25

2a. Mailing Address
26 10825 Old Mill Road
Suite, Apt. #, etc.
27 CC-4
City & State
28 Omaha NE
Zip 29 68154 Country 30

4. FEI Number: **47-0772478** ☐ 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 S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
PLANTATION FL 33324

New Registered Agent

6 No Changes/
8. Attachment Found
(ceptable)
84 FL 85 Zip Code

e purpose of changing its registered office appointment as registered agent, I am

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above r or registered agent, or both, in the State of Florida. Such change was authorized by the corp familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature (type or printed name of registered agent and title if applicable) NOTE: Registered Agent signature required when reinstated

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	☒ Change ☐ Addition
NAME	OXTON, JAY A	1.2 NAME	See Attached List
STREET ADDRESS	10825 S. OLD MILL RD.	1.3 STREET ADDRESS	
CITY ST ZIP	OMAHA NE 68154	1.4 CITY ST ZIP	
TITLE	V	2.1 TITLE	☒ Change ☐ Addition
NAME	PERKINS, JAMES	2.2 NAME	
STREET ADDRESS	10825 S. OLD MILL RD.	2.3 STREET ADDRESS	
CITY ST ZIP	OMAHA NE 68154	2.4 CITY ST ZIP	
TITLE	V	3.1 TITLE	☒ Change ☐ Addition
NAME	COURY, JIM	3.2 NAME	
STREET ADDRESS	10825 S. OLD MILL RD.	3.3 STREET ADDRESS	
CITY ST ZIP	OMAHA NE 68154	3.4 CITY ST ZIP	
TITLE	V	4.1 TITLE	☒ Change ☐ Addition
NAME	ROTHMAN, BERNIE	4.2 NAME	
STREET ADDRESS	11718 NICHOLAS ST.	4.3 STREET ADDRESS	
CITY ST ZIP	OMAHA NE 68154	4.4 CITY ST ZIP	
TITLE	V	5.1 TITLE	☒ Change ☐ Addition
NAME	PRESTON, STEVEN C	5.2 NAME	
STREET ADDRESS	11718 NICHOLAS ST.	5.3 STREET ADDRESS	
CITY ST ZIP	OMAHA NE 68154	5.4 CITY ST ZIP	
TITLE	V	6.1 TITLE	☒ Change ☐ Addition
NAME	BAILIS, DAVID P	6.2 NAME	
STREET ADDRESS	11718 NICHOLAS ST.	6.3 STREET ADDRESS	
CITY ST ZIP	OMAHA NE 68154	6.4 CITY ST ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 the 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.

SIGNATURE: _____ 3/27/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date

Florida Department of State

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