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**Feb 23, 1999 8:00 am**  
**Secretary of State**

02-23-1999 90090 027 \*\*\*150.00

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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # **F97000000040**

1. Corporation Name  
**ITOCHU CABLE SERVICES INC.**

Principal Place of Business Mailing Address  
**1143 W NEWPORT CTR DR 1143 W NEWPORT CTR DR**  
**DEERFIELD BCH FL 33442 DEERFIELD BCH FL 33442**



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
**01/03/1997**

4. FEI Number **65-0709244** 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 owes the current year Intangible Personal Property Tax. **1999**  Yes  No

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip Country 28 Zip Country

24 25 29 30

9. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY**  
**1201 HAYS STREET**  
**TALLAHASSEE FL 32301-2525**

10. Name and Address of New Registered Agent

81 Name

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 \_\_\_\_\_ DATE \_\_\_\_\_  
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> DELETE
NAME	OHTSU, MASAKAZU	
STREET ADDRESS	335 MADISON AVE	
CITY-ST-ZIP	NY NY 10017	
TITLE	CEO	<input checked="" type="checkbox"/> DELETE
NAME	OHTSU, MASAKAZU	
STREET ADDRESS	335 MADISON AVE	
CITY-ST-ZIP	NY NY 10017	
TITLE	S	<input type="checkbox"/> DELETE
NAME	LAPTOOK, ERIC J	
STREET ADDRESS	335 MADISON AVE	
CITY-ST-ZIP	NY NY 10017	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	ONO, SHIGEJI	
STREET ADDRESS	335 MADISON AVE	
CITY-ST-ZIP	NY NY 10017	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	MACFADYEN, SCOTT	
STREET ADDRESS	335 MADISON AVE	
CITY-ST-ZIP	NY NY 10017	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	SUGUTA, HIROSHI	
STREET ADDRESS	335 MADISON AVE	
CITY-ST-ZIP	NY NY 10017	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D/C	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	OHTSU, MASAKAZU	
1.3 STREET ADDRESS	1143 W. NEWPORT CTR DR	
1.4 CITY-ST-ZIP	DEERFIELD BCH FL 33442	
2.1 TITLE	DIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	MICHAEL SPARKMAN	
2.3 STREET ADDRESS	6970 S. HOLLY CIRCLE, STE 109	
2.4 CITY-ST-ZIP	ENGLEWOOD CO 80112	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	SR/V/T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	KENTARO GOTO	
4.3 STREET ADDRESS	1143 W. NEWPORT CTR DR	
4.4 CITY-ST-ZIP	DEERFIELD BEACH FL 33442	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. 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 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 this 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, with all other like empowered.

SIGNATURE: **KENTARO GOTO** 1-7-99 (954) 427-5000  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/98)