

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 13, 2000 8:00 am
Secretary of State

04-13-2000 90059 033 ***150.00

DOCUMENT # F97000000040

1. Entity Name
ITOCHU CABLE SERVICES INC.

Principal Place of Business 1143 W NEWPORT CTR DR DEERFIELD BCH FL 33442	Mailing Address 1143 W NEWPORT CTR DR DEERFIELD BCH FL 33442-8100
--	---

2. Principal Place of Business 1520 S. POWERLINE RD	3. Mailing Address 1520 S. POWERLINE RD.
--	---

Suite, Apt. #, etc. STE. F	Suite, Apt. #, etc. STE. F
-------------------------------	-------------------------------

City & State DEERFIELD BEACH FL	City & State DEERFIELD BEACH FL
------------------------------------	------------------------------------

Zip 33442	Country USA	Zip 33442	Country USA
--------------	----------------	--------------	----------------

4. FEI Number **65-0709244** Applied For Not Applicable

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

6. Name and Address of Current Registered Agent
CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

7. Name and Address of New Registered Agent
 Name _____
 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 _____ (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, 2000 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 DC	<input checked="" type="checkbox"/> Delete
NAME OHTSU, MASAKAZU	
STREET ADDRESS 1143 W. NEWPORT CTR DR	
CITY-ST-ZIP DEERFIELD BCH FL 33442	
TITLE DP	<input checked="" type="checkbox"/> Delete
NAME SPARKMAN, MICHEAL	
STREET ADDRESS 6970 S HOLLY CIRCLE STE 109	
CITY-ST-ZIP ENGLEWOOD CO 80112	
TITLE S	<input type="checkbox"/> Delete
NAME LAPTOOK, ERIC J	
STREET ADDRESS 335 MADISON AVE	
CITY-ST-ZIP NY NY 10017	
TITLE SRVT	<input checked="" type="checkbox"/> Delete
NAME GOTO, KENTARO	
STREET ADDRESS 1143 W NEWPORT CTR DR	
CITY-ST-ZIP DEERFIELD BEACH FL 33442	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN	
TITLE Chairman	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME Warashina, Yoshinori	
STREET ADDRESS 335 Madison Avenue	
CITY-ST-ZIP New York, NY 10017	
TITLE President, CEO & Treasurer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME Goto, Kentaro	
STREET ADDRESS 6851 S. Holly Circle, Suite 170	
CITY-ST-ZIP Englewood, CO 80112	
TITLE Secretary	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME Laptook, Eric J.	
STREET ADDRESS 335 Madison Avenue	
CITY-ST-ZIP New York, NY 10017	
TITLE Senior Vice President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME Ken Mosca	
STREET ADDRESS 1520 S. Powerline Road, Suite F	
CITY-ST-ZIP Deerfield Beach, FL 33442	
TITLE Senior Vice President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME Abe, Koji	
STREET ADDRESS 335 Madison Avenue	
CITY-ST-ZIP New York, NY 10017	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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

3-28-00 954-427-5711
 Date Daytime Phone #

CR2E034 (9/99)