

2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # G69538

1. Entity Name
PACIFIC CABLE TELEVISION, INC.



FILED

05 JUN 14 AM 10:56

DEPT. OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
2600 DOUGLAS RD
1004
CORAL GABLES, FL 33134 US

Mailing Address
2600 DOUGLAS RD
1004
CORAL GABLES, FL 33134 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

06092005 Chg-P CR2E034 (10/03)

4. FEI Number
59-2456692

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

MURAI WALD BIONDO MORENO & MENDOZA, PA
25 SE 2 AVE STE 900
MIAMI, FL 33131

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. I am familiar with, and accept the obligations of registered agent.

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

Amended AR is \$61.25

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

10. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> Delete
NAME	ISAIAS, ROBERTO	
STREET ADDRESS	2600 DOUGLAS ROAD	
CITY-ST-ZIP	CORAL GABLES, FL 33134	
TITLE	TV	<input type="checkbox"/> Delete
NAME	ISAIAS, WILLIAM	
STREET ADDRESS	2600 DOUGLAS ROAD	
CITY-ST-ZIP	CORAL GABLES, FL 33134	
TITLE	VS	<input type="checkbox"/> Delete
NAME	ISAIAS, ESTEFANO	
STREET ADDRESS	2600 DOUGLAS ROAD	
CITY-ST-ZIP	CORAL GABLES, FL 33134	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	600056398486	
STREET ADDRESS	06/21/05--01058--004 **61.25	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 10 or Block 11 if changed, or on an attachment with an address with all other line empowered.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # _____