


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 13, 2006 8:00 am**  
**Secretary of State**

02-13-2006 90033 033 \*\*\*150.00

<b>DOCUMENT # G69538</b> 1. Entity Name <b>PACIFIC CABLE TELEVISION, INC.</b>			
Principal Place of Business <b>2600 DOUGLAS RD</b> <b>1004</b> <b>CORAL GABLES, FL 33134 US</b>		Mailing Address <b>2600 DOUGLAS RD</b> <b>1004</b> <b>CORAL GABLES, FL 33134 US</b>	
2. Principal Place of Business <b>396 ALHAMBRA CIRCLE</b>		3. Mailing Address <b>396 ALHAMBRA CIRCLE</b>	
Suite, Apt. #, etc. <b>100</b>		Suite, Apt. #, etc. <b>100</b>	
City & State <b>CORAL GABLES FL.</b>		City & State <b>CORAL GABLES FL.</b>	
Zip <b>33134</b>		Zip <b>33134</b>	
Country <b>US</b>		Country <b>US</b>	
4. FEI Number <b>59-2456692</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent <b>MURAI WALD BIONDO MORENO &amp; MENDOZA, PA</b> <b>25 SE 2 AVE STE 900</b> <b>MIAMI, FL 33131</b>		7. Name and Address of New Registered Agent Name <b>MURAI WALD BIONDO MORENO &amp; BROCHIN</b> Street Address (P.O. Box Number is Not Acceptable) <b>2 ALHAMBRA PLAZA PENTHOUSE 1B</b> City <b>CORAL GABLES</b> <b>FL</b> Zip Code <b>33134</b>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP ISAIAS, ROBERTO 2600 DOUGLAS ROAD CORAL GABLES, FL 33134	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TV ISAIAS, WILLIAM 2600 DOUGLAS ROAD CORAL GABLES, FL 33134	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS ISAIAS, ESTEFANO 2600 DOUGLAS ROAD CORAL GABLES, FL 33134	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MARIA DEL CARMEN MORLA 396 ALHAMBRA CIRCLE SUITE 100 CORAL GABLES, FL 33134	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP LUIS N. ISAIAS 396 ALHAMBRA CIRCLE SUITE 100 CORAL GABLES, FL 33134	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP LUIS N. ISAIAS 396 ALHAMBRA CIRCLE SUITE 100 CORAL GABLES, FL 33134	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 like empowered.			
<b>SIGNATURE:</b> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <b>02/09/2006</b> Daytime Phone # _____	