

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 29, 2002 8:00 am
Secretary of State

04-29-2002 90086 039 ***163.75

DOCUMENT # **PO 1000079413**
1. Entity Name
DIGITAL CABLE SERVICES INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
11731 SW 99 LANE
Suite, Apt. #, etc.

3. Mailing Address
11731 SW 99 LN
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State **MIAMI FLORIDA** City & State **MIAMI, FLORIDA** 4. FEI Number **05-1128999** Applied For
Not Applicable

Zip **33186** Country **WA.** Zip **33186** Country **WA** 5. Certificate of Status Desired **\$8.75 Additional Fee Required**

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name **FATIMA GARCIA**
Street Address (P.O. Box Number is Not Acceptable)
11731 SW 99 LANE
City **MIAMI** FL Zip Code **33186**

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 _____
Signature, typed or printed name of registered agent and title if applicable.

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back)

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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 NAME STREET ADDRESS CITY-ST-ZIP	P FATIMA GARCIA 11731 SW 99 LANE MIAMI FL 33186	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/T KEVIN VARGAS 15545 SW 112 DR MIAMI FL 33196	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: *Fatima Garcia* 4/15/02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #