


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 04, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # P01000079413**

1. Entity Name  
**DIGITAL CABLE SERVICES, INCORPORATION**



Principal Place of Business      Mailing Address

**11731 SW 99 LANE**                      **11731 SW 99 LANE**  
**MIAMI, FL 33186**                      **MIAMI, FL 33186**

**DO NOT WRITE IN THIS SPACE**



01082004    No Chg-P    CR2E034 (10/03)

4. FEI Number      Applied For  
**65-1128999**      Not Applicable

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

6. Name and Address of Current Registered Agent

**GARCIA, FATIMA**  
**11731 S.W. 99 LANE**  
**MIAMI, FL 33186**

**DO NOT WRITE IN THIS SPACE**

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

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

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


400000033230  
 02/05/04-80036-001 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GARCIA, FATIMA 11731 S.W. 99 LANE MIAMI, FL 33186
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VARGAS, KEVIN A 15545 S.W. 112 DRIVE MIAMI, FL 33196
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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.

**SIGNATURE:**       **1/9/2004**      **786-553 6461**

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