

# 2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P03000066341

Entity Name: CABLE BIZ ENTERPRISE, INC

FILED  
Dec 09, 2004  
Secretary of State

## Current Principal Place of Business:

9050 CRESCENT DRIVE  
MIRAMAR, FL 33025 US

## New Principal Place of Business:

## New Mailing Address:

8362 PINES BOULEVARD  
242  
PEMBROKE PINES, FL 33024 US

## Current Mailing Address:

9050 CRESCENT DRIVE  
MIRAMAR, FL 33025 US

FEI Number: 68-0555892

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

COHEN, PETE A  
6901 ENVERON BLVD  
7F  
LAUDERHILL, FL 33319 US

## Name and Address of New Registered Agent:

COHEN, PETE A  
8362 PINES BOULEVARD  
242  
PEMBROKE PINES, FL 33024 US

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: PETE COHEN

12/09/2004

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PTD ( ) Delete  
Name: COHEN, PETE A  
Address: 6901 ENVERON BLVD. APT 7F  
City-St-Zip: LAUDERHILL, FL 33319 US

Title: SV ( ) Delete  
Name: TARPLEY, OLLISCIA C  
Address: 2728 DEWEY STREET  
City-St-Zip: HOLLYWOOD, FL 33020 US

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PTD (X) Change ( ) Addition  
Name: COHEN, PETE A  
Address: 8362 PINES BOULEVARD  
City-St-Zip: PEMBROKE PINES, FL 33024 US

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: BM ( ) Change (X) Addition  
Name: HARRIS, DEBORAH A  
Address: 2907 ALCAZAR DRICE  
City-St-Zip: MIRAMAR, FL 33023 US

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PETE COHEN

PTD

12/09/2004

Electronic Signature of Signing Officer or Director

Date