

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

FILED
Jan 24, 2005 8:00 am
Secretary of State

01-24-2005 90048 024 ***150.00

DOCUMENT # P04000031400

1. Entity Name

RONIN CABLE, INC.

DO NOT WRITE IN THIS SPACE

50005527

2. Principal Place of Business
6474 WEST PALM COURT

3. Mailing Address
6474 WEST PALM COURT

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
HIALEAH, FL

City & State
HIALEAH, FL

4. FEI Number
20-0771160

Applied For
Not Applicable

Zip
33012

Country
USA

Zip
33012

Country
USA

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 JOHN RAIMONDO

Street Address (P.O. Box Number is Not Acceptable)

6474 WEST PALM COURT

City HIALEAH

FL

Zip Code
33012

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 

JOHN RAIMONDO

1/12/05

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

(NOTE: Registered Agent Signatures required when reconstituting)

DATE

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

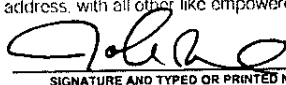
January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Department of State

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/S/T/D	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
JOHN RAIMONDO 6474 WEST PALM COURT HIALEAH, FL 33012	P/S/T/D		
GLEN STURMAN 6474 WEST PALM COURT HIALEAH, FL 33012	D		
JOHN P. McCOMB, P.E. 9525 SOUTHWEST 148TH ST MIAMI, FL 33176	V/D		
			DO NOT WRITE IN THIS SPACE

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: 

JOHN RAIMONDO, PRES.

1/12/05

(954) 445-1400

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Phone Number

CR2E034B (12/01)