2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 25, 2005 8:00 am Secretary of State

DOCUMENT # P04000132855 1. Entity Name RIGHT WAY CABLE, INC.					04-25-2005 90261 022 ***150.00					
Principal Place of Business Mailing Address				200450-						
,		45 RIVERCLIFF LANE				20045874				
			MERRITT ISLAND, FL 32952		1		•			
MELBOURNE,	, FL 32934				4 (60)(60) (4)	, 				
2. Principal Place of Business		3. Mailing Address	-			<u> </u>		<u> </u>		
Suite, Apt. #, etc.		Suite, Apt. #, etc.			03122005	Chg-P	CR2E0	34 (10/03)		
City & State		City & State			4. FEI Number	01640303		No	plied For t Applicable	
Zip	Country	Zip	Coun	otry	5. Certificate of	of Status Desired		\$8.75 Add Fee Required		
	6. Name and Address of Cu	rrent Registered Agent			7. Name and	Address of New R	egistered	Agent		
			Name Scott Cheatham							
MULLER, DICK 1127 S.PATRICK DRIVE						r is Not Acceptable	9 45	Riverci	iff Ln.	
SUITE #3 SATELLITE BEACH, FL 32937						•				
OATEEETT	L DEADI, I E 02007			City .a	1 ~			Zip Code	9	
				Mey	11H, I		FL	- 31	2952	
	named entity submits this statem	ent for the purpose of changing	its register	ed office or registe	ered agent, or both	n, in the State of Flo	orida. I am	familiar with,	and accept	
ine obligat	ions of registered agent	<u> </u>					4-21-	L		
SIGNATURE_	Signature, typed or printed name of registered	d agent and title if applicable. (N	OTE: Registere	nd Agent signature require	ed when reinstating)		DATE	- <u>,</u>		
	E NOWIII FEE IS \$150.0 ay 1, 2005 Fee will be \$!				5.00 May Be Ided to Fees					
10.	OFFICERS	AND DIRECTORS	11.		ADDITIONS/	CHANGES TO OFF	ICERS AN	D DIRECTOR	5 IN 11	
TITLE	Р	☐ Delete	TIΠ	E				☐ Change	☐ Addition	
NAME	CHEATHAM, SCOTT R		NAM	KE						
STREET ADDRESS	101111211121112		EET ADDRESS							
CITY-ST-ZIP	MERRITT ISLAND, FL 329			/-ST-ZIP						
TITLE		☐ Delete	TITL	I				☐ Change	Addition	
NAME PARCET ADDRESS			NAM	eet address						
STREET ADDRESS CITY-ST-ZIP				r-ST-ZIP						
TITLE		☐ Delete	TITL					☐ Change	Addition	
NAME		□ Otitele	NAM	I .						
STREET ADDRESS	1		STR	EET ADDRESS						
CITY-ST-ZIP										
TITLE			CIIY	Y-ST-ZIP						
		☐ Delete	TITL					☐ Change	☐ Addition	
NAME		☐ Delete	TITL NAM	E AE				Change	☐ Addition	
STREET ADDRESS		☐ Delete	TITL NAM STR	.E AE EET ADORESS			_	☐ Change	☐ Addition	
STREET ADDRESS CITY-ST-ZIP			TITL NAM STR CITY	LE AE EET ADDRESS Y-ST-ZIP						
STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITL NAM STR COTT	eet address y-st-zip				☐ Change	Addition	
STREET ADDRESS CITY-ST-ZIP TITLE NAME			TITL NAM STR CIT TITL NAM	eet address y-st-zip			-			
STREET ADDRESS CITY-ST-ZIP			TITL NAM STR CITY TITL NAM STR	LE AE EET ADDRESS Y-ST-ZIP LE						
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITL NAM STR CITY TITL NAM STR	E AE EET ADORESS Y-ST-ZIP EET ADORESS Y-ST-ZIP EEET ADORESS Y-ST-ZIP						
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS			TITL NAM STR CITA TITE NAM STR CITA	E AE EET ADDRESS Y-ST-ZIP				☐ Change	☐ Addition	
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE		☐ Delete	TITE NAM STR CITY TITE NAM STR CITY NAM STR CITY TITE NAM STR STR	E AE EET ADDRESS Y-ST-ZIP				☐ Change	☐ Addition	

12. 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 10 or Block 11 if changed, or on an attachment with an adoption.

SIGNATURE:

SCOTT Cheathan SIGNAME AND DIFFED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-21-05 Date

Daytime Phone #