

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 14, 2001 8:00 am
Secretary of State
 05-14-2001 90249 049 ***150.00

DOCUMENT # **P98000084388**
 1. Entity Name **CABLE BIZ, Inc.** ✓
 Principal Place of Business **9050 Crescent Drive**
MIRAMAR FL. 33025
 Mailing Address **9050 Crescent Drive**
MIRAMAR Florida
33025

A0065952

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 65-0866923		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
AMERILAWYER				Name			
343 Almeria Avenue				Street Address (P.O. Box Number is Not Acceptable)			
CORAL GABLE FL. 33134				City			
				FL		Zip Code	

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input checked="" type="checkbox"/>		FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State		10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
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11. OFFICERS AND DIRECTORS				12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE PTD	PTD	<input type="checkbox"/> Delete		TITLE PTD	PTD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME PETE Andrew Cohen	PETE Andrew Cohen			NAME COHEN PETE A.	COHEN PETE A.		
STREET ADDRESS 1149 north west 37th Street	1149 north west 37th Street			STREET ADDRESS 9050 crescent Drive	9050 crescent Drive		
CITY-ST-ZIP Sun Rise Fl. 33351	Sun Rise Fl. 33351			CITY-ST-ZIP MIRAMAR FL. 33025	MIRAMAR FL. 33025		
TITLE SV	SV	<input type="checkbox"/> Delete		TITLE SV	SV	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME Duhaney EULALEE A	Duhaney EULALEE A			NAME DUHANEY EULALEE A	DUHANEY EULALEE A		
STREET ADDRESS 1149 Northwest 37th Street	1149 Northwest 37th Street			STREET ADDRESS 9050 Crescent Drive	9050 Crescent Drive		
CITY-ST-ZIP SunRise Fl. 33351	SunRise Fl. 33351			CITY-ST-ZIP MIRAMAR FL. 33025	MIRAMAR FL. 33025		
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **PETE ANDREW COHEN** **4/27/01 (954) 447-3397**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/00)