

2000 UNIFORM BUSINESS REPORT (UBR)

4/

FILED
May 17, 2000 8:00 am
Secretary of State

04-20-2000 90112 046 ***150.00

DOCUMENT # P99000052185

1. Entity Name

NORTH AMERICAN CABLE, INC.

Principal Place of Business

2189 NORTH US 1
 TITUSVILLE FL 32796

Mailing Address

2189 NORTH US 1
 TITUSVILLE FL 32796-3908

2. Principal Place of Business

Suite, Apt #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3581157

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MILLER, PERRY W
2189 NORTH US 1
TITUSVILLE FL 32796

7. Name and Address of New Registered Agent

Name

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

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
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	D	<input type="checkbox"/> Delete
NAME	MILLER, PERRY W	
STREET ADDRESS	2189 NORTH US 1	
CITY-ST-ZIP	TITUSVILLE FL 32796	
TITLE	D	<input type="checkbox"/> Delete
NAME	COBB, ERIC T	
STREET ADDRESS	2189 NORTH US 1	
CITY-ST-ZIP	TITUSVILLE FL 32796	
TITLE	D	<input type="checkbox"/> Delete
NAME	EDENS, J W	
STREET ADDRESS	1600 S. CARPENTER RD	
CITY-ST-ZIP	TITUSVILLE FL 32796	
TITLE	D	<input type="checkbox"/> Delete
NAME	HULSBERG, BRIAN D	
STREET ADDRESS	5605 HOLDEN RD	
CITY-ST-ZIP	COCOA FL 32927	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	1974 DIFOL Ctwy.	
CITY-ST-ZIP	Titusville, FL 32780	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

J. Wayne Edens

4/14/00

(321)-383-4554

CR2E034 (9/99)