FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

APPROVED AND FILED

02 JAN 30 PM 3:56

SECRETARY OF STATE TALLAHASSEE, FLORIDA

DOCUMENT # P96000028759

1. Entity Name
CABLE OPTIONS INC

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2. Principal Place of Business	3. Mailing Address
102 S LANE AVE	Box 2009
Suite, Apt. #, etc. Jacksonville	Suite, Apt. #, etc. Silver Springs
City & State Jacksonville Florida	City & State Silver Springs Florida
Zip 32254 / Country Duval	Zip 34489 / Country USA

4. FEI Number 59-3367158 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

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7. Name and Address of Current Registered Agent

Name DENIS MATWYCHUK

Street Address (P.O. Box Number is Not Acceptable)
102 S. LANE AVE

City Jacksonville **FL** Zip Code 32254

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]
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. (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	President	TITLE	
NAME	DENIS Peter MATWYCHUK	NAME	
STREET ADDRESS	Box 2009	STREET ADDRESS	
CITY-ST-ZIP	Silver Springs Fl 34489	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
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CR2E034B (12/01)

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: [signature] 1-30-02 352-895-7087
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #