


**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Mar 14, 2005 8:00 am**  
**Secretary of State**

03-14-2005 90590 022 \*\*\*\*50.00

|   |                       |  |  |  |
|---|-----------------------|--|--|--|
| DOCUMENT # L04000082232   |                       |  |  |                               |
| 1. Entity Name<br>POWER CABLE TV, LLC   |                       |  |  |  |
| Principal Place of Business<br>13820 BLUE LAGOON WAY<br>ORLANDO, FL 32828 US  |                       | Mailing Address<br>13820 BLUE LAGOON WAY<br>ORLANDO, FL 32828 US |  |  |
| 2. Principal Place of Business  |                       | 3. Mailing Address   |  |  |
| Suite, Apt. #, etc.   |                       | Suite, Apt. #, etc.  |  |  |
| City & State  |                       | City & State   |  |  |
| Zip   | Country               | Zip  | Country  | 4. FEI Number <u>20-187884</u> <input type="checkbox"/> Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/>   |                       |  |  | \$5.00 Additional Fee Required   |
| 6. Name and Address of Current Registered Agent   |                       |  | 7. Name and Address of New Registered Agent          |  |
| SMITH, BROWN AND ASSOCIATES, INC.<br>1217 PARK GREEN PLACE<br>WINTER PARK, FL 32789   |                       |  | Name   |  |
|   |                       |  | Street Address (P.O. Box Number is Not Acceptable)   |  |
|   |                       |  | City   |  |
|   |                       |  | <b>FL</b>  |  |
|   |                       | 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. I am familiar with, and accept the obligations of registered agent.   |                       |  |  |  |
| SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____   |                       |  |  |  |
| Filing Fee is \$50.00<br>Due by May 1, 2005   |                       |  | Make check payable to<br>Florida Department of State |  |
| 9. MANAGING MEMBERS/MANAGERS  |                       |  | 10. ADDITIONS/CHANGES                                |  |
| TITLE   | MGR                   | <input type="checkbox"/> Delete                                  | TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| NAME  | VIERA, JOSE A         |  | NAME   |  |
| STREET ADDRESS  | 13820 BLUE LAGOON WAY |  | STREET ADDRESS                                       |  |
| CITY-ST-ZIP   | ORLANDO, FL 32828     |  | 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  |  |
| 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  |  |
| 11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes. |                       |  |  |  |
| SIGNATURE: <u>Jose A. Viera</u>   |                       |  | Date: <u>1/27/05</u>                                 | Daytime Phone # _____  |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE   |                       |  |  |  |