

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 16, 2007 08:00 A
Secretary of State

DOCUMENT # G69538

1. Entity Name
PACIFIC CABLE TELEVISION, INC.



Principal Place of Business

396 ALHAMBRA CIR

100

CORAL GABLES, FL 33134 US

Mailing Address

396 ALHAMBRA CIR

100

CORAL GABLES, FL 33134 US



01182007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2456692

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MURAIWALD BIONDO MORENO E BROCHIN
2 ALHAMBRA PLAZA PENTHOUSE 1B
CORAL GABLES, FL 33134

**DO NOT WRITE
IN THIS SPACE**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	ISAIAS, ROBERTO
STREET ADDRESS	396 ALHAMBRA CIR STE 100
CITY-ST-ZIP	CORAL GABLES, FL 33134
TITLE	TV
NAME	ISAIAS, WILLIAM
STREET ADDRESS	396 ALHAMBRA CIR STE 100
CITY-ST-ZIP	CORAL GABLES, FL 33134
TITLE	VS
NAME	ISAIAS, ESTEFANO
STREET ADDRESS	396 ALHAMBRA CIR, STE 100
CITY-ST-ZIP	CORAL GABLES, FL 33134
TITLE	VP
NAME	CARMEN MORLA, MARIA D
STREET ADDRESS	396 ALHAMBRA CIR, STE 100
CITY-ST-ZIP	CORAL GABLES, FL 33134
TITLE	VP
NAME	ISAIAS, LUIS N
STREET ADDRESS	396 ALHAMBRA CIR, STE 100
CITY-ST-ZIP	CORAL GABLES, FL 33134
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000707252
04/24/07-80067-014 150.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 address with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

04-13-07