

# 2007 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L04000082232

Entity Name: POWER CABLE TV, LLC

FILED  
Sep 21, 2007  
Secretary of State

**Current Principal Place of Business:**

13820 BLUE LAGOON WAY  
ORLANDO, FL 32828 US

**New Principal Place of Business:**

10223 FALCON PINES BLVD  
108  
ORLANDO, FL 32829 US

**Current Mailing Address:**

13820 BLUE LAGOON WAY  
ORLANDO, FL 32828 US

**New Mailing Address:**

10223 FALCON BLVD  
108  
ORLANDO, FL 32829 US

FEI Number: 20-1878848      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

SMITH, BROWN AND ASSOCIATES, INC.  
1217 PARK GREEN PLACE  
WINTER PARK, FL 32789 US

**Name and Address of New Registered Agent:**

VIERA, JOSE  
13820 BLUE LAGOON WAY  
108  
ORLANDO, FL 32829 US

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: JOSE VIERA

09/21/2007

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: VIERA, JOSE A  
Address: 13820 BLUE LAGOON WAY  
City-St-Zip: ORLANDO, FL 32828 US

**ADDITIONS/CHANGES:**

Title: P (X) Change ( ) Addition  
Name: VIERA, JOSE A  
Address: 13820 FALCON PINES BLVD  
City-St-Zip: ORLANDO, FL 32829 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: JOSE VIERA

P

09/21/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date