# I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or or

SIGNATURE: LESLIE SHARPE

Electronic Signature of Signing Officer/Director Detail

#### **Current Principal Place of Business:** 421 S W 18 COURT POMPANO BEACH. FL 33060

Entity Name: FOUR DOOR CABLE, INC.

DOCUMENT# P0000061731

# **Current Mailing Address:**

421 S W 18 COURT POMPANO BEACH. FL 33060

## FEI Number: 65-1020583

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

SHARPE, LESLIE 421 S W 18 COURT POMPANO BEACH, FL 33060 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:

## Electronic Signature of Registered Agent **Officer/Director Detail :**

Title	D	Title	D
Name	SHARPE, LESLIE	Name	SHARPE, ANNIKA
Address	421 S W 18 COURT	Address	421 S W 18 COURT
City-State-Zip:	POMPANO BEACH FL 33060	City-State-Zip:	POMPANO BEACH FL 33060

and an onicer of uncertor of the corporation of the receiver of	i ilusiee empowered to execute	ins report as required by	Onapter 007, 110	
on an attachment with all other like empowered.				
TURE: LESLIE SHARPE		PRES	SIDENT	

## FILED Apr 27, 2022 Secretary of State 1141987415CC

Date

Certificate of Status Desired: No

Date

04/27/2022