

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 27, 2004 8:00 am
Secretary of State

04-27-2004 90075 044 ***158.75

DOCUMENT # 281625

1. Entity Name
AMERICAN CABLEVISION SERVICES, INC.



Principal Place of Business
**201 ALHAMBRA CIRCLE
12TH FLOOR
CORAL GABLES, FL 33134**

Mailing Address
**201 ALHAMBRA CIRCLE
12TH FLOOR
CORAL GABLES, FL 33134**



01142004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1056225

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**KERRIGAN, JUANITA I
201 ALHAMBRA CIRCLE
12TH FLOOR
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, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME GETMAN, DENNIS J.
STREET ADDRESS 201 ALHAMBRA CIRCLE 12TH FLOOR
CITY-ST-ZIP CORAL GABLES, FL 33134

TITLE SD
NAME KERRIGAN, JUANITA
STREET ADDRESS 201 ALHAMBRA CIRCLE 12TH FLOOR
CITY-ST-ZIP CORAL GABLES, FL 33134

TITLE VTD
NAME MCNAIRY, CHARLES
STREET ADDRESS 201 ALHAMBRA CIRCLE 12TH FLOOR
CITY-ST-ZIP CORAL GABLES, FL 33134

TITLE VD
NAME IORIO, JR. A
STREET ADDRESS 201 ALHAMBRA CIRCLE 12TH FLOOR
CITY-ST-ZIP CORAL GABLES, FL 33134

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Juanita I. Kerrigan Secretary 4/23/04 (325) 442-7000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
JUANITA I. KERRIGAN