FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 MAY -1 PM 3:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 380578 (5)

1. Corporation Name

MATANZAS CABLE, INC.

800001473028
-05/03/95--01061--002
***40.00 ****200.00

Principal Place of Business	Mailing Address
EXECUTIVE OFFICE 1 CORPORATE DRIVE PALM COAST FL 32051	EXECUTIVE OFFICE 1 CORPORATE DRIVE PALM COAST FL 32051

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/16/1971	3a. Date of Last Report: 05/01/1994
4. FEI Number: 13-2809528	Applied For ☐ Not Applicable ☐
5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No	

2. Principal Place of Business (21): Suite, Apt. #, etc. (22): City & State (23): Zip (24): County (25)

2a. Mailing Address (26): Suite, Apt. #, etc. (27): City & State (28): Zip (29): County (30)

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (Signature, title or capacity (if registered agent and title if applicable) *NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DP	11 TITLE	PD	☒ Change ☐ Addition
NAME	BUTLER, SAMUEL JR.	12 NAME		
STREET ADDRESS	EXECUTIVE OFFICE, 1 CORPORATE DRIVE	13 STREET ADDRESS		
CITY ST ZIP	PALM COAST FL	14 CITY ST ZIP		
TITLE	DV	21 TITLE	VD	☒ Change ☐ Addition
NAME	GARDNER, JAMES	22 NAME		
STREET ADDRESS	EXECUTIVE OFFICE, 1 CORPORATE DRIVE	23 STREET ADDRESS		
CITY ST ZIP	PALM COAST FL	24 CITY ST ZIP		
TITLE	AS	31 TITLE		☐ Change ☐ Addition
NAME	POWERS, RICHARD	32 NAME		
STREET ADDRESS	1330 AVE. OF THE AMERICA	33 STREET ADDRESS		
CITY ST ZIP	NEW YORK NY	34 CITY ST ZIP		
TITLE	S	41 TITLE		☐ Change ☐ Addition
NAME	CUFF, JR., ROBERT	42 NAME		
STREET ADDRESS	EXECUTIVE OFFICE, 1 CORPORATE DRIVE	43 STREET ADDRESS		
CITY ST ZIP	PALM COAST FL	44 CITY ST ZIP		
TITLE	AS	51 TITLE		☐ Change ☐ Addition
NAME	BRAUNSTEIN, RICHARD	52 NAME		
STREET ADDRESS	EXECUTIVE OFFICE, 1 CORPORATE DRIVE	53 STREET ADDRESS		
CITY ST ZIP	PALM COAST FL	54 CITY ST ZIP		
TITLE		61 TITLE	SD	☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY ST ZIP		64 CITY ST ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemptions stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 above, or on an attachment with an address.

SIGNATURE: _____ ROBERT G. CUFF, JR. 4/26/95 (Date) 904 445 2477 (Daytime Phone #)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0402015 FP