## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT# 669814** 

FILED Jan 21, 2004 Secretary of State

Entity Name: ASSOCIATED COMMUNICATIONS CABLE, INC.

Current Principal Place of Business: New Principal Place of Business:

715 6TH ST W

BRADENTON, FL 34205 US

Current Mailing Address: New Mailing Address:

715 6 ST W

BRADENTON, FL 34205

FEI Number: 59-2024508 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

SILVA, RENEE 715 6 STREET W BRADENTON, FL 34205

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 Date

Title:

Title:

Title:

Name:

Address:

Name:

Address:

City-St-Zip:

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

RESHKE, JOYCE A

SILVA, RENEE M

909 137 ST E

8616 21ST AVE N.W.

BRADENTON, FL 34209 US

(X) Change ( ) Addition

(X) Change ( ) Addition

(X) Change ( ) Addition

Title: TD ( ) Delete
Name: RESHKE, JOYCE A

Address: 8616 21ST AVE N.W.

City-St-Zip: BRADENTON, FL

Title: VP ( ) Delete
Name: SILVA, RENEE

Address: 909 137 ST E City-St-Zip: BRADENTON, FL

Title: S ( ) Delete

BRADENTON, FL

Name: SILVA, JAMES
Address: 909 137 ST E

City-St-Zip:

ADENTON, FL City-St-Zip: BRADENTON, FL 34212 US

Name: SILVA, JAMES R Address: 909 137 ST F

VΡ

City-St-Zip: BRADENTON, FL 34212 US

I hereby certify that the information supplied with this filing does not qualify for the 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 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 on an attachment with an address, with all other like empowered.

SIGNATURE: RENEE M. SILVA VP 01/21/2004