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 9:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **853200** **(4)**

1. Corporation Name
CABLEREP, INC.

Principal Place of Business	Mailing Address
1400 LAKE HEARN DRIVE ATTN: CORP. TAX DEPT ATLANTA GE 30319 US	1400 LAKE HEARN DRIVE ATTN: CORP TAX DEPT. ATLANTA GE 30319 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **06/18/1982**
3a. Date of Last Report: **04/18/1994**

2. Principal Place of Business — 21:
2a. Mailing Address — 26:
4. FEI Number: **58-1444671** ☐ Applied For ☐ Not Applicable
Suite, Apt. #, etc. — 22:
Suite, Apt. #, etc. — 27:
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
City & State — 23: ATLANTA, GA 30319
City & State — 28: ATLANTA, GA 30319
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
Zip — 24:
Country — 25:
Zip — 29:
Country — 30:
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

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 _____ DATE
(Signature, Type or printed name of registered agent and title, if applicable. NOTE: Registered Agent signature required when mandatory)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	11 TITLE		☐ Change ☐ Addition
NAME	ROBBINS, JAMES O.	12 NAME		
STREET ADDRESS	1400 LAKE HEARN DR.	13 STREET ADDRESS		
CITY ST ZIP	ATLANTA GA	14 CITY ST ZIP		
TITLE	V	21 TITLE		☐ Change ☐ Addition
NAME	DALVI, AJIT M.	22 NAME		
STREET ADDRESS	1400 LAKE HEARN DR.	23 STREET ADDRESS		
CITY ST ZIP	ATLANTA GA	24 CITY ST ZIP		
TITLE	TD	31 TITLE		☐ Change ☐ Addition
NAME	HAYES, JIMMY W.	32 NAME		
STREET ADDRESS	1400 LAKE HEARN DR.	33 STREET ADDRESS		
CITY ST ZIP	ATLANTA GA	34 CITY ST ZIP		
TITLE	D	41 TITLE		☐ Change ☐ Addition
NAME	HATCHER, JAMES A.	42 NAME		
STREET ADDRESS	1400 LAKE HEARN DRIVE	43 STREET ADDRESS		
CITY ST ZIP	ATLANTA GA	44 CITY ST ZIP		
TITLE	VP	51 TITLE	V	☒ Change ☐ Addition
NAME	BARNETT, PRESTON B	52 NAME		
STREET ADDRESS	1400 LAKE HEARN DR	53 STREET ADDRESS		
CITY ST ZIP	ATLANTA GA	54 CITY ST ZIP		
TITLE	S	61 TITLE		☐ Change ☐ Addition
NAME	MERDEK, ANDREW A	62 NAME		
STREET ADDRESS	1400 LK HEARN DR	63 STREET ADDRESS		
CITY ST ZIP	ATLANTA GA	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 exemption 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 if changed, or on an attachment with an address.

SIGNATURE: Preston B. Barnett
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PRESTON B. BARNETT VICE PRESIDENT - TAX 4/20/95 (404)843-5000
Date Daytime Phone #

000134 CP