FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # 857567

(2)

CATV SUBSCRIBER SERVICES, INC.

FILED Jun 03 1998 8:00am Secretary of State



Principal Place of Business		Mailing Address			1 199(6) 19(9) 91(() 456(5/4/4 5)(() 198) 4(6)) 4(6)(9(6)(9(6)) 4(6)) 186()
808 SUMMIT AVE		608 SUMMIT AVE			
GREENSBOR	O NC 27405	GREENSBORO NC 27405			DO NOT WRITE IN THIS SPACE
					3. Date Incorporated or Qualified
					08/30/1983
2. Principal F	Place of Business	2a. Mailing Address			4. FEI Number Applied For
21		26			56-1005072 Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #. etc.			SR 75 Additional
22		27			5. Certificate of Status Desired Fee Required
City & Stat	le	City & State			6. Election Campaign Financing \$5.00 May Be
23		28			Trust Fund Contribution Added to Fees
Zip ,	Country	↓ _{····1} Zip	Country		This corporation owes or has paid the current year Intergible
24	25 9. Name and Address of Current	[29]	30		Personal Property Tax due June 30. Yes 🔀 No
OT		negistered Agent	81	Nam	10. Name and Address of New Registered Agent
	CORPORATION SYSTEM		"	FNOIL	ante
	00 S. PINE ISLAND ROAD		82	Stree	treet Address (P.O. Box Number is Not Acceptable)
1 1	ANTATION FL 33324		83		
			53		
🖫			84	City	ity 85 Zip Code
11 Purcuant	to the requisions of Sections 507 0505	and CO7 1600 Florida Platut	on the about	nome	FL 50 210 50 50 50 50 50 50 50
I office or i	registe red agent, or both, in the State c	of Florida. Such change was a	ruthorized by	the co	e corporation's board of directors. I hereby accept the appointment as registered
•	nm familiar with, and accept the obliga	tions of, Section 607.0505, Fig	rida Statutes		
SIGNATURE	Signature, type for pendiocrame of regetered agen	Lood line diproducable dNOTE	Registered Age	nt segmat	gnature required when reinstating) DATE
12.	OFFICERS AND	the state of the s	13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PTD	DELFTE	1.1 TITLE		Change Addition
NAME	GALTELLI, RAYMOND L.		1.2 NAME		
STREET ADDRESS	5312 GRAYCLIFF DR		13 STREET	ADDRES:	RESS
CITY-ST-ZIP	GREENSBORO NC		1.4 CiTY- S	- ZIP	
TITLE	VP	☐ DELETE	2 1 1ITLE		Change Addillon
NAME	ROBERTSON, FRED		2.2 NAME		
STREET ADDRESS	808 SUMMIT AVENUE		2 3 STREET	ADDRESS	RESS
CITY-ST-ZIP	GREENSBORO NC		2. 4 CITY - S	T-ZIP	· · · · · · · · · · · · · · · · · · ·
TITLE	VSD	DELETE	3.1 TITLE		Change Addition
NAME	GALTELLI, JOSEPHINE		3.2 NAME		
STREET ADDRESS	5312 GRAYCUFF DR		3.3 STREET		
CITY-ST-ZIP	GREENSBORO NC	Distre	3 4 CITY-S	1-ZIP	A C C L
TITLE	!	☐ DELETE	4.1 TITLE		ASSISTENT Secretary Change Datition Padsy Kesler 1888 808 Summer Ave
NAME	×		4. 2 NAME		taley kester
STREET ADDRESS			4.3 STREET		(ESS) DOS SUMMIT ITO
CITY-ST-ZIP TITLE	_	DELETE	4.4 CITY - S	- ZIP	Greenaborg, NC 27405
NAME		L. MICIE	5.1 TITLE 5.2 NAME		800002548908
STREET ADDRESS			5.2 NAME 5.3 STREET	NDDDCC	
CITY+ST-ZIP			53 STREET		4.04.4 [7] 7.17
TITLE		DELETE	61 TITLE	- ZIP	Change Addition
NAME		L	6 2 NAME		
STREET ADDRESS			63 STREET	ADDRESS	4855 C 6/3
CITY-ST-ZIP			6.4 CITY-SI		~ (V)
2-11 D. B.1	L		C. CHILD		

14. Thereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes if 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.