

B97000000306

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

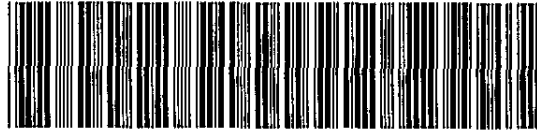
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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06/14/04 - 01025 - 023 **105.00

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04 JUN 14 PM 12:44
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TALLAHASSEE, FLORIDA

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[Handwritten signature]

CORPDIRECT AGENTS, INC. (formerly CCRS)
103 N. MERIDIAN STREET, LOWER LEVEL
TALLAHASSEE, FL 32301
222-1173

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ACCT. #FCA-14

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CONTACT: KATIE WONSCH
DATE: 6/14/04
REF. #: 0173.27159
CORP. NAME: US CABLE OF COASTAL-TEXAS, L.P.

- | | | |
|---|---|--|
| <input type="checkbox"/> ARTICLES OF INCORPORATION | <input type="checkbox"/> ARTICLES OF AMENDMENT | <input type="checkbox"/> ARTICLES OF DISSOLUTION |
| <input type="checkbox"/> ANNUAL REPORT | <input type="checkbox"/> TRADEMARK/SERVICE MARK | <input type="checkbox"/> FICTITIOUS NAME |
| <input type="checkbox"/> FOREIGN QUALIFICATION | <input type="checkbox"/> LIMITED PARTNERSHIP | <input type="checkbox"/> LIMITED LIABILITY |
| <input type="checkbox"/> REINSTATEMENT | <input type="checkbox"/> MERGER | <input type="checkbox"/> WITHDRAWAL |
| <input checked="" type="checkbox"/> CERTIFICATE OF CANCELLATION | | |
| <input type="checkbox"/> OTHER: | | |

STATE FEES PREPAID WITH CHECK# 58826 FOR \$ 105.00

AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:

_____ COST LIMIT: \$ _____

PLEASE RETURN:

- | | | |
|--|---|---|
| <input checked="" type="checkbox"/> CERTIFIED COPY | <input type="checkbox"/> CERTIFICATE OF GOOD STANDING | <input type="checkbox"/> PLAIN STAMPED COPY |
| <input type="checkbox"/> CERTIFICATE OF STATUS | | |

Examiner's Initials

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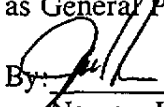
CERTIFICATE OF CANCELLATION
OF
US CABLE OF COASTAL-TEXAS, L.P.

Pursuant to the provisions of section 620.174, Florida statues, this foreign limited partnership hereby submits this certificate of cancellation in order to cancel its registration with the Florida Department of State.

US Cable of Coastal-Texas, L.P.

By: US Cable Holdings, L.P.
as General Partner

By: US Cable of Lake Forest, Inc.
as General Partner

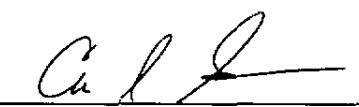
By: 
Name: James Pearson
Title: Vice President

State of New Jersey)

County of Bergen)ss.:
)

On this 7th day of June, 2004, James Pearson personally appeared before me,

☒ who is personally know to me
☐ whose identity I proved on the basis of _____



Notary Public

Commission Expires: 6/3/07

Notary Seal

JOHNNIE R. GORGA
NOTARY PUBLIC OF NEW JERSEY
My Commission Expires June 3, 2007
Foreign Cancellation 9/96 - 1
BRMFS1 496808v1