

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F00000001673

1. Entity Name
SPECTRUM CABLE TV, INC.

FILED
Sep 19, 2001 8:00 am
Secretary of State

09-19-2001 90124 038 ***550.00

0137150 AB

Principal Place of Business
~~166-04 90TH AVE. JAMAICA, NY 11432~~
JAMAICA NY 11432

Mailing Address
166-04 90TH AVE.
JAMAICA NY 11432



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
212-40 JAMAICA AVENUE
Suite, Apt. #, etc. 32 FLOOR
QUEENS VILLAGE.
City & State
NEW YORK.

3. Mailing Address
212-40 JAMAICA AVENUE
Suite, Apt. #, etc. 32 FLOOR
QUEENS VILLAGE.
City & State
NEW YORK.

4. FEI Number 11-3530227
Applied For
Not Applicable

Zip 11428. Country QUEENS

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
BINGER, WASHINGTON
6289/6299 WEST SUNRISE BLVD
SUNRISE FL 33313

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

8. 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS \$550.00
After September 12, 2001 Fee will be \$750.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD BINGER, WASHINGTON 166-04 90TH AVE. JAMAICA NY	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	WASHINGTON A BINGER 6289 W SUNRISE BLVD. Ste 274 SUNRISE FL 33313 - (P)	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DAVID. HOWELL 212-40 JAMAICA AVE. VP QUEENS VILLAGE NY 11428	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	KENNETH. JOHNSON 212-40 JAMAICA AVE. QUEENS VILLAGE NY 11428	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	NEVILLE. L. ROBERTS 212-40 JAMAICA AVE QUEENS VILLAGE NY 11428. Sec/TREASURER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. I hereby certify that the information supplied in this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplement thereto is true and correct, 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 11 or Block 12 if changed, or on an attachment with this filing.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 9/14/01 Daytime Phone #

CR2E034 (5/01)