

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 09, 2002 8:00 am**  
**Secretary of State**

OPTIONAL AT

**DOCUMENT # F00000001673**

1. Entity Name  
**SPECTRUM CABLE TV, INC.**

05-09-2002 90046 012 \*\*\*158.75

Principal Place of Business <b>212-40 JAMAICA AVENUE          QUEENS VILLAGE NY 11428</b>	Mailing Address <b>212-40 JAMAICA AVENUE          QUEENS VILLAGE NY 11428</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>212-40 Jamaica Ave          Suite, Apt. #, etc. 3RD FLOOR          Queens Village NY</b>	3. Mailing Address <b>212-40 Jamaica Ave          Suite, Apt. #, etc. 3RD FLOOR          Queens Village NY</b>
City & State <b>New York</b>	City & State <b>New York</b>

4. FEI Number <b>11-3530227</b>	Applied For <input type="checkbox"/> Not Applicable
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Zip <b>11428</b>	Country <b>QUEENS</b>	Zip <b>11428</b>	Country <b>QUEENS</b>
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5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75</b> Additional Fee Required
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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 **WASHINGTON BINGER**  
 Street Address (P.O. Box Number is Not Acceptable)  
**6289 West Sunrise Blvd. Suite 274**  
 City **SUNRISE** FL Zip Code **33313**

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 **Washington Binger** DATE **4/22/02**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.   
**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2002 Fee will be \$550.00**  
**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	<b>P BINGER, WASHINGTON 6289 W. SUNRISE BLVD., SUITE 274 SUNRISE FL 33313</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>ST ROBERTS, NEVILLE L 212-40 JAMAICA AVE. QUEENS VILLAGE NY 11428</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D HOWELL, DAVID 212-40 JAMAICA AVE. QUEENS VILLAGE NY 11428</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D JOHNSTON, KENNETH 212-40 JAMAICA AVE. QUEENS VILLAGE NY 11428</b> <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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input 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 with 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 supplemental 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 11 or Block 12 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE: **Washington Binger**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **4/22/02** Daytime Phone # **718-474-7100**

CR2E034 (9/01)