F000000006418

TRANSMITTAL LETTER

		T KOAT (DI)	MITAL LETTER	
то:	Registration Se Division of Con		30	000073345-91143-004 ******87.50 *****87.50
SUBJ	ECT:CABI	LE MAN, INC.		
		(Name of co	rporation - must include suf	īx)
Dear S	ir or Madam:			,
	closed "Applicati icate of Existence act business in F	- , and check are summi	tion for Authorization to Traitted to register the above refe	nsact Business in Florida", erenced foreign corporation
Please 1	eturn all correspo	ondence concerning this	s matter to the following:	
	MICHAI	EL B. McDERMOTT	•	
			ame of Person)	<u> </u>
	PAGE,	MANNINO, PERESICH	& McDERMOTT, P.L.L.	
			rm/Company)	/
	P. O.	DRAWER 289		1.1/1/1=
			(Address)	
	DTI OUT	. Wa 30500	(Additess)	ALL AF
	DILUXI	, MS 39533		<u> </u>
		(City/	State and Zip code)	2 - J
or furth	er information co	oncerning this matter, pl	ease call:	Mo: 4
		•		
иног	N GUTIERREZ	at (2	374-2100	
	Name of Person)		Area Code & Daytime Telep	hone Number
	• •	· ·	to do so Day maio 1 clop.	done runnoer)
egistrati Pivision o 09 E. Ga allahasso	ee, FL 32399		MAILING ADDRES Registration Section Division of Corporati P.O. Box 6327 Tallahassee, FL 3231	ons
nclosed i	is a check for the	following amount:		
\$70.00	Filing Fee	\$78.75 Filing Fee & Certificate of Status	S78.75 Filing Fee & Certified Copy	♥ \$87.50 Filing Fee, Certificate of Status &



APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

1.	CABLE M	AN, INC.	-				
		oration; must include the word "INCORPOR	ATED", "COMPAN	IY", "CORPO	RATION" or		
		viations of like import in language as will cle					
	natural person	or partnership if not so contained in the name	at present.)				
2.	MISSISS	TPPT -	3 64-05765	14	-		
		try under the law of which it is incorporated)	-	(FEI number,	if applicable)		
	E 100 175	· -					
4.	5/22/75	te of incorporation)	5. <u>2074</u>		ease to exist or '	<u> </u>	
			(Duration: 1e	ar corp. win ce	ease to exist or	perpetuar)	
6.	Upon qu	alification					
	(Date first trans	acted business in Florida. If corporation has			insert "upon qu	alification.")	
		(SEE SECTIONS 607.1)	501, 607.1502 and 8	17.155, F.S.)			
7.	292 OAK	ST., BILOXI, MS 39530					
1.		(Principal office	ddress)		=	- 8	
		(x miospui oznov i				多香門	
	P. O. B	OX 393, BILOXI, MS 39533			<u> </u>		
		(Current mailing a	ddress)		:	ہے ف 🛬	
8.	Cable to	elevision installation					
٠.		(s) of corporation authorized in home state or	country to be carrie	d out in state of	of Florida)	0 10 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
9.	Name and str	<u>reet address</u> of Florida registered agen	t: (P.O. Box or M	fail Drop Box	k <u>NOT</u> accepta	able) 💬	
	Name:	CT Corporation			-		
	Maine.						
Of	fice Address:	1200 South Pine Island Road					
-					- 		
		Plantation	, Florida _		_		
		(City)		(Zip code)			
	.						
		agent's acceptance:					
		ned as registered agent and to accept se is application, I hereby accept the appoi					
		comply with the provisions of all statute					
		familiar with and accept the obligation					
		, ,	V :- V 1	Ü	•		
See attached acceptance letter (Registered agent's signature)							

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

ACCEPTANCE OF AGENT

C T Corporation System, hereby accepts the appointment as registered agent and office for Cable Man, Inc. in the state of Florida and hereby agrees to comply with the provisions of all statutes relative to the proper and complete performance of duties in this regard and is familiar with and accepts the obligations of the position as registered agent.

Dated:

October 27, 2000

C T CORPORATION SYSTEM

M. S. Green

Assistant Secretary

00 NOV -9 AH 10: 44

12. Names and business addresses of officers and/or directors:

A. DIREC		<u>-</u>		
Chairman: _	DAVID A. GARY	_ ·		
Address:	292 OAK ST., P.O. BOX 393	<u> </u>		
_	BILOXI, MS 39533	-		
Vice Chairm	oan: N/A			
Address:				
— Director:	CAROL SMITH			
Address:	13218 THREE RIVERS ROAD	·	·	
	GULFPORT, MS 39503	<u> </u>		
Director:	WALTER J. GARY	<u></u>		
Address:	8195 WOOLMARKET ROAD, P. O. B	30X 501		
_	BILOXI, MS 39532			
	ERS			
President:	DAVID A. GARY	<u> </u>	· · · · · · · · · · · · · · · · · ·	
	292 OAK ST., P. O. BOX 393	- -	· · · · · · · · · · · · · · · · · · ·	<u> </u>
	BILOXI, MS 39533	<u> </u>	·	5 1
Vice Preside	nt: WALTER J. GARY			6
Address:	8195 WOOLMARKET ROAD, P.O. BO	0X 501		- E - E - E - E - E - E - E - E - E - E
	BILOXI, MS 39532			<u> </u>
Secretary: _	CAROL SMITH			- 5 ² +
Address:	13218 THREE RIVERS ROAD, GULF	PORT, MS 39503		
Treasurer: _	CAROL SMITH		· =···	
Address:	13218 THREE RIVERS ROAD, GULF	PORT, MS 39503		
NOTE: If 1	necessary, you day at ach an addendum to the			
14	DAVID A. GARY. PRESIDENT			· · · · · · · · · · · · · · · · · · ·
* **	(Typed or printed name and cap	acity of person signing app	lication)	

State of Mississippi

Secretary of State's Office Eric Clark

Secretary of State Jackson, Mississippi

CERTIFICATE OF EXISTENCE/AUTHORITY

I, ERIC CLARK, Secretary of State of the State of Mississippi, and as such, the legal custodian of the corporate records, required by the laws of Mississippi, to be filed in my office, do hereby certify:

That on May 22,1975 the state of Mississippi issued a Charter/Certificate of Authority to:

CABLE MAN, INC.

That the state of incorporation is MISSISSIPPI.

THAT THE PERIOD OF DURATION IS 99 YEARS.

That according to the records of this office, Articles of bissolution or a Certificate of Withdrawal have not been filed

That according to the records of this office, a current Amnual Report has been delivered to the Office of the Secretary of State.

I further certify that all fees, taxes and penalties owed to this state, as reflected in the records of the Secretary of State, have been paid and that the corporation is in existence or has authority to transact business in Mississippi.

STATE OF MISSES

Given under my hand and seal of office October 13,2000

The Clark

ERIC CLARK, Secretary of State