2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2004
Secretary of State

DOCUMENT# F02000000604

Entity Name: GALAXY CABLE INC.

Current Principal Place of Business:

1 FIRST NATIONAL PLAZA, 4TH FLOOR
SIKESTON, MO 63801

New Principal Place of Business:

Current Mailing Address:

1 FIRST NATIONAL PLAZA, 4TH FLOOR
SIKESTON, MO 63801

New Mailing Address:

FEI Number: 43-1947765 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title:	P	( ) Delete
Name:	DORCHESTER, C. RONALD	
Address:	1 FIRST NATIONAL PLAZA, 4TH FLOOR	
City-St-Zip:	SIKESTON, MO 63801	
Title:	VS	( ) Delete
Name:	CHAIN, WILLIAM	
Address:	1 FIRST NATIONAL PLAZA, 4TH FLOOR	
City-St-Zip:	SIKESTON, MO 63801	
Title:	D	( ) Delete
Name:	SINGER, STEVEN G	
Address:	1 FIRST NATIONAL PLAZA, 4TH FLOOR	
City-St-Zip:	SIKESTON, MO 63801	
Title:	D	( ) Delete
Name:	PLATTUS, SETH P	
Address:	1 FIRST NATIONAL PLAZA, 4TH FLOOR	
City-St-Zip:	SIKESTON, MO 63801	
Title:	D	( ) Delete
Name:	KREUTER, LAUREN	
Address:	450 PARK AVENUE	
City-St-Zip:	NEW YORK, NY 10022	
Title:	D	( ) Delete
Name:	EDGE, RODDY	
Address:	1 FIRST NATIONAL PLAZA, 4TH FLOOR	
City-St-Zip:	SIKESTON, MO 63801	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WILLIM A. CHAIN SECR 05/04/2004

Electronic Signature of Signing Officer or Director — Date