

FILED
Sep 15, 2003 8:00 am
Secretary of State

09-15-2003 90158 042 ***150.00

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # F02000005081					
1. Entity Name TRAVELERS CABLE TV INC					
Principal Place of Business 1809 N. BLACK HORSE PIKE, BLDG C WILLIAMSTOWN, NJ 08094			Mailing Address 13400 PERWINKLE AVE SEMINOLE, FL 33776		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 58-1732874	
				Applied For ☐ Not Applicable	
				5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BLANCO, LAYERA 13400 PERWINKLE AVENUE SEMINOLE, FL 33776			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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature obtained when electing)					
DATE _____					
9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees					
10. OFFICERS AND DIRECTORS					
TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	☐ Delete	
	PVST	BELL, REBECCA	3 TEAL COURT	SEWELL, NJ 08080	
TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	☐ Delete	
	C	BELL, REBECCA	3 TEAL COURT	SEWELL, NJ 08080	
TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	☐ Delete	
	VC	BELL, TYLER	3 TEAL COURT	SEWELL, NJ 08080	
TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	☐ Delete	
TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	☐ Delete	
TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	☐ Delete	
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	☐ Change ☐ Addition	
TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	☐ Change ☐ Addition	
TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	☐ Change ☐ Addition	
TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	☐ Change ☐ Addition	
12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u>Rebecca Bell</u> <u>Rebecca Bell</u> - 9/10/03 727-344-7096					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

CH2E034 (10/02)



1809 N Black Horse Pike, Williamstown, NJ 08094 - FL TEL.727-394-7096- FAX 727-399-0978

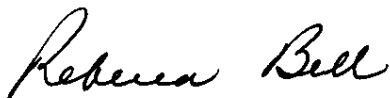
September 10, 2003

Florida Department of State
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

Gentlemen:

Enclosed find the Annual Report for Travelers Cable TV Inc. for 2003. We did not receive a notice or UBR to file. We are, therefore, requesting that you waive the late fees.

Sincerely,



Rebecca Bell
President