

2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # F04000004950		
1. Entity Name TELECABLE COMMUNICATIONS CORPORATION		

Principal Place of Business 19444 SATURNIA LAKES DRIVE STE. 100 BOCA RATON, FL 33498	Mailing Address 19444 SATURNIA LAKES DRIVE STE. 100 BOCA RATON, FL 33498
--	--

2. Principal Place of Business PO Box 970486 Suite, Apt. #, etc. Boca Raton FL City & State 33497 Zip	3. Mailing Address PO Box 970486 Suite, Apt. #, etc. Boca Raton FL City & State 33497 Zip	Country	Country
---	---	---------	---------

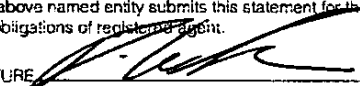
10172005 REIN-P CR2E098 (6/04)

4. FEI Number 11-3181079 Applied For Not Applicable

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

6. Name and Address of Current Registered Agent WHITE, DAVID 19444 SATURNIA LAKES DRIVE STE. 100 BOCA RATON, FL 33498	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  DATE 10/17/05

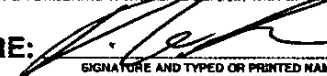
(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 + 8.25
After January 1, 2006, Fee will be \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CP WHITE, DAVID 19444 SATURNIA LAKES DRIVE STE. 100 BOCA RATON, FL 33498 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS DANOTT, MARGI 11850 PRESERVADON LANE BOCA RATON, FL 33498 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	700060728407 10/18/05--01085--004 **158.75 ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT KOCH, HUBERT 821 GARDEN DRIVE FRANKLIN SQUARE, NY 11025 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-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:  DATE 10/17/05 DAYTIME PHONE #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR