2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # F04000004950

1. Entity Name
TELECABLE COMMUNICATIONS CORPORATION

FILED
05 OCT 18 AM 10:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

10172005 REIN-P CR2E098 (6/04)

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

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

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	7. Name and Address of New Registered Agent
WHITE, DAVID 19444 SATURNIA LAKES DRIVE STE. 100 BOCA RATON, FL 33498	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 _____ 10/17/05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00 + 8.75
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	☐ Change ☐ Addition 700060728407 10/18/05--01085--004 **158.75
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 8.75 W/24
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: _____ 10/17/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #