


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2007 08:00 AM
Secretary of State

DOCUMENT # F05000007533	
1. Entity Name CONTINENTAL BROADBAND PENNSYLVANIA, INC.	

Principal Place of Business 150 WEST BRAMBLETON AVENUE NORFOLK, VA 23510	Mailing Address 150 WEST BRAMBLETON AVENUE NORFOLK, VA 23510
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DO NOT WRITE IN THIS SPACE



04092007 No Chg-P CR2E034 (11/05)

4. FEI Number 20-3512415	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BATTEN, FRANK JR 150 WEST BRAMBLETON AVENUE NORFOLK, VA 23510
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ANSTROM, S. DECKER 150 WEST BRAMBLETON AVENUE NORFOLK, VA 23510
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WATKINS, CHARLES L 253 MONTICELLO AVENUE NORFOLK, VA 23510
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS GOETZ, SUSAN S 150 WEST BRAMBLETON AVENUE NORFOLK, VA 23510
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/D FRIDDELL, GUY R III 150 WEST BRAMBLETON AVENUE NORFOLK, VA 23510
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T LEWIS, LEMUEL E 150 WEST BRAMBLETON AVENUE NORFOLK, VA 23510

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05/01/07-80045-009 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 Marian S. Goetz Susan S. Goetz 4/9/07 757-446-2013
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #