2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 03, 2005 8:00 am
Secretary of State
05-03-2005 90128 043 ***158.75

DOCUMENT # F79365

1. Entity Name

ADA CABLEVISION INC.

Principal Place of Business	Mailing Address
2901 MIDDLE RIVER DR PO BOX 11597 FT LAUDERDALE FL 33306-1411	2901 MIDDLE RIVER DR PO BOX 11597 FT LAUDERDALE FL 33306-1411

14015758

MOORE CR2E034 (11/03)

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 65-0207114 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DOMBROWE, MARY ANN
2901 MIDDLE RIVER DRIVE
FT LAUDERDALE FL 33306

7. Name and Address of New Registered Agent

Name: DOMBROWE, MARY ANN
Street Address (P O Box Number is Not Acceptable): 2809 MIDDLE RIVER DRIVE
FT. LAUDERDALE
City: FL Zip Code 33306

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: Mary Ann Dombrowe, Mary Ann Dombrowe 4/28/05
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
After May 1, 2005 Fee will be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	P DOMBROWE, MARY ANN 2901 MIDDLE RIVER DRIVE FT LAUDERDALE FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	VP PIDCOCK, JENNIFER 2809 MIDDLE RIVER DRIVE FORT LAUDERDALE FL 33306	☐ 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
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TITLE / NAME / STREET ADDRESS / CITY ST ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Mary Ann Dombrowe P. 4/28/05 (954) 788-8128
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR / Date / Daytime Phone #

ATTACHMENT

140157 58
F79365

4-28-05

Division of Corp.

Re: Doc. # F79365
Ada Cablevision Inc.
P.O. Box 11597
Ft. Laud. Fl. 33339

I did not receive a form for this Corp. (after returning a card for the mailing). I have been trying for the past 10 days, when I realized I didn't have the 2005 filing form, by calling 850-245-6056 without any luck of talking to a person. Also tried WWW.SUNBOS.ORG. which does not apply to my need. As a last resort I have made a copy of past form. Hopefully this will be satisfactory.

Thanking you,
Sincerely,
Mary Ann Dombrowe
(954) 788-8128

P.S. Check # 7099 Enclosed
Request for Cert. of good standing.