

001 UNIFORM BUSINESS REPORT (UBR)

10/2 0445167

DOCUMENT # F94000001117

1. Entity Name
ANTEC LATIN AMERICA, INC.

FILED

01 APR 13 PM 1:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
11450 TECHNOLOGY CIRCLE
DULUTH GA 30097

Mailing Address
11450 TECHNOLOGY CIRCLE
DULUTH GA 30097

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **36-3684616**

Applied For
Not Applicable

Zip

Country

Zip

Country

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

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301

Name
Corporation Service Company

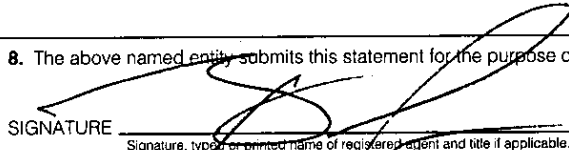
Street Address (P.O. Box Number is Not Acceptable)
1201 Hays Street

City
Tallahassee

FL

Zip Code
32301

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.

SIGNATURE 
Signature, typed or printed name of registered agent and title if applicable.

BRIAN COURTNEY, ASST. V.P.

(NOTE: Registered Agent signature required when reinstating)

DATE **4/6/01**

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

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

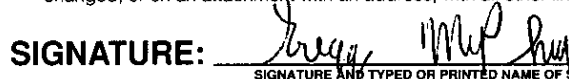
11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P STANZIONE, ROBERT J 11450 TECHNOLOGY CIRCLE DULUTH GA 30097	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MARGOLIS, LAWRENCE 11450 TECHNOLOGY CIRCLE DULUTH GA 30097	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T GRAZIANO, MICHAEL 11450 TECHNOLOGY CIRCLE DULUTH GA 30097	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D EGAN, JOHN 11450 TECHNOLOGY CIRCLE DULUTH GA 30097	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARGOLIS, LAWRENCE A 11450 TECHNOLOGY CIRCLE DULUTH GA 30097	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS MCPHEE, GREGG 11450 TECHNOLOGY CIRCLE DULUTH GA 30097	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Assistant Secretary Gregg McPhee 11450 Technology Circle Duluth, GA 30097	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-12-01

Date

Daytime Phone #

CR2E034 (10/00)

202



ACCOUNT NO. : 072100000032

REFERENCE : 107134 7219739

AUTHORIZATION :

Patricia Piquit

COST LIMIT : \$ 150.00

ORDER DATE : April 6, 2001

ORDER TIME : 9:45 AM

ORDER NO. : 107134-010

CUSTOMER NO: 7219739

CUSTOMER: Ms. Sandra Dover
Antec Corporation
11450 Technology Circle

Duluth, GA 30097

ANNUAL REPORT FILING

RUSH

NAME: ANTEC LATIN AMERICA, INC.

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

- CERTIFIED COPY
- XX PLAIN STAMPED COPY
- CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Joyce Markley - Ext. 1130

EXAMINER'S INITIALS: _____

RECEIVED
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
2001 APR 13 AM 10:42
NOT INTENDED
TO ACKNOWLEDGE
SUFFICIENCY OF FILING