

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F94000002090

1. Entity Name

INTERACTIVE CABLE SYSTEMS, INC. ✓

**FILED**  
**Aug 02, 2000 8:00 am**  
**Secretary of State**

08-02-2000 90153 045 \*\*\*550.00

Principal Place of Business

1901 GLENVILLE DR  
SUITE 800  
RICHARDSON TX 75081  
US

Mailing Address

1901 GLENVILLE DR  
SUITE 800  
RICHARDSON TX 75081  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip 75081

Country

Zip 75081

Country

4. FEI Number 95-4420240

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

PARACORP INCORPORATED  
236 EAST 6TH AVENUE  
TALLAHASSEE FL 32303

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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 \$550.00**  
**After SEPTEMBER 13, 2000 Min. will be \$750.00**  
**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 D ☒ Delete  
NAME DOLAN, DENNIS  
STREET ADDRESS 2 WORLD FINANCIAL CENTER, BLDG B  
CITY-ST-ZIP NEW YORK NY 10281

TITLE President, CEO, Director ☐ Change ☒ Addition  
NAME Kevin Schottlaender  
STREET ADDRESS 1901 N. Glenville, Dr., #800  
CITY-ST-ZIP Richardson, TX 75081

TITLE D ☒ Delete  
NAME SKIP, VICTOR  
STREET ADDRESS 11100 SANTA MONICA BLVD STE 8  
CITY-ST-ZIP LOS ANGELES CA 90025

TITLE Director ☐ Change ☒ Addition  
NAME Anthony Autorino  
STREET ADDRESS 100 Great Meadow Road, Suite 104  
CITY-ST-ZIP Wethersfield, CT 06109

TITLE VP ☒ Delete  
NAME KEMPER, KEN  
STREET ADDRESS 8600 HIDDEN RIVER PARKWAY STE 50  
CITY-ST-ZIP TAMPA FL 33637

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE T ☐ Delete  
NAME DUPONT, THOMAS  
STREET ADDRESS 164 VERNON AVE  
CITY-ST-ZIP VERNON CT

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 1901 N. Glenville Drive, #800  
CITY-ST-ZIP Richardson, TX 75081

TITLE S ☐ Delete  
NAME KOENIG, CARL  
STREET ADDRESS 7859 EL PENSADOR  
CITY-ST-ZIP DALLAS TX

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/20/2000  
Date

Daytime Phone #

CR2E034 (5/00)