

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 17, 2000 8:00 am
Secretary of State

05-17-2000 90956 036 ***156.00

DOCUMENT # **F94000002462**
 1. Entity Name
MICH-COM CABLE SERVICES INC

Principal Place of Business Mailing Address
5534 S. KANNER HWY STUART FL 34997 **5534 S. KANNER HWY STUART FL 34997**

100915

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc.:
 City & State
 Zip Country

3. Mailing Address Suite, Apt. #, etc.:
 City & State
 Zip Country

4. FEI Number **38-2781181** Applied For Not Applicable
 5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
MERCURIO, WILLIAM J
2240 PALM BEACH LAKES BLVD
SUITE #100
WEST PALM BEACH FL 33409

7. Name and Address of New Registered Agent
 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 \$150.00
After MAY 1, 2000 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

TITLE	PRESIDENT	<input type="checkbox"/> Delete
NAME	SMITH, LESLIE	
STREET ADDRESS	5534 S. KANNER HWY	
CITY-ST-ZIP	STUART FL 34997	
TITLE	EXEC VICE PRESIDENT	<input type="checkbox"/> Delete
NAME	MERCURIO, WILLIAM J	
STREET ADDRESS	1401 FORUM WAY #400	
CITY-ST-ZIP	WEST PALM BEACH FL 33401	
TITLE	VICE PRESIDENT	<input type="checkbox"/> Delete
NAME	MILLER, WILLIAM	
STREET ADDRESS	1401 FORUM WAY #400	
CITY-ST-ZIP	WEST PALM BEACH FL 33401	
TITLE	SECRETARY/TREASURER	<input type="checkbox"/> Delete
NAME	MARTIN, JOHN W	
STREET ADDRESS	5534 S. KANNER HWY	
CITY-ST-ZIP	STUART FL 34997	
TITLE	ASSISTANT SECRETARY	<input type="checkbox"/> Delete
NAME	MULHOLLAND, ROSEMARY	
STREET ADDRESS	1401 FORUM WAY #400	
CITY-ST-ZIP	WEST PALM BEACH FL 33401	
TITLE	DIRECTOR, CHAIRMAN	<input type="checkbox"/> Delete
NAME	MERCURIO, WILLIAM J	
STREET ADDRESS	1401 FORUM WAY #400	
CITY-ST-ZIP	WEST PALM BEACH FL 33401	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DIRECTOR	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PROBSTHER, ROBERT C	
STREET ADDRESS	1401 FORUM WAY #400	
CITY-ST-ZIP	WEST PALM BEACH FL 33401	
TITLE	DIRECTOR	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROWENS, JOSEPH P	
STREET ADDRESS	1401 FORUM WAY #400	
CITY-ST-ZIP	WEST PALM BEACH FL 33401	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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  **JOHN W MARTIN** 4/24/00 (561) 283-5499
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)