


FILE NOW: FILING FEE IS \$61.25

FILED

May 12 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **F94000005808 (0)**

1. Corporation Name

**CABLE POSITIVE, INCORPORATED**

Principal Place of Business	Mailing Address
<b>1775 BROADWAY 8TH FLOOR NEW YORK NY 10019 US</b>	<b>1775 BROADWAY 8TH FLOOR NEW YORK NY 10019 US</b>

3. Date Incorporated or Qualified

**11/09/1994**

4. FEI Number

**13-3687947**

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

**21**  
Suite, Apt. #, etc.

**26**  
Suite, Apt. #, etc.

**22**  
City & State

**27**  
City & State

**23**  
Zip Country

**28**  
Zip Country

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00 May Be  
Added to Fees**

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32303**

**81** Name

**82** Street Address (P.O. Box Number is Not Acceptable)

**83**

**84** City

**FL**

**85** Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	<b>PD</b>	<input type="checkbox"/> DELETE
NAME	<b>BERNSTEIN, JEFFREY</b>	
STREET ADDRESS	<b>34790 STAGECOACH BLVD</b>	
CITY-ST-ZIP	<b>EVERGREEN CO</b>	

TITLE	<b>VD</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>MCDERMOTT, MARGARET</b>	
STREET ADDRESS	<b>753 N. HILL AVE.</b>	
CITY-ST-ZIP	<b>PASADENA CA</b>	

TITLE	<b>VD</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>WEDNER, ELLEN</b>	
STREET ADDRESS	<b>4019 N MERIDAN AVENUE</b>	
CITY-ST-ZIP	<b>MIAMI BEACH FL</b>	

TITLE	<b>TD</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>REMER, ANDY</b>	
STREET ADDRESS	<b>129 MARQUERITA AVE., #J</b>	
CITY-ST-ZIP	<b>SANTA MONICA CA</b>	

TITLE	<b>SD</b>	<input type="checkbox"/> DELETE
NAME	<b>MORRISON, SETH</b>	
STREET ADDRESS	<b>800 PEARL ST #508</b>	
CITY-ST-ZIP	<b>DENVER CO</b>	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>SD</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<b>Dennis Manger</b>	
1.3 STREET ADDRESS	<b>1121 L Street #400 / Sacramento</b>	
1.4 CITY-ST-ZIP	<b>CA 95814</b>	

2.1 TITLE	<b>TD</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	<b>KRIS KAST</b>	
2.3 STREET ADDRESS	<b>1633 Broadway / NYC</b>	
2.4 CITY-ST-ZIP	<b>10019</b>	

3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		

4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		

5.1 TITLE	<b>VP</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	<b>Morrison, Seth</b>	
5.3 STREET ADDRESS	<b>201 N. Union St. / Alexandria</b>	
5.4 CITY-ST-ZIP	<b>VA 22314</b>	

6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. 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 annual report or supplemental annual 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

*[Signature]*

4/21/98

212 713 7127

CR2E037 (10/97)