FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **F94000006022 (7)**

1. Corporation Name

TCS CABLE, INC.

Principal Place of Business	Mailing Address
P.O. BOX 909 PALM HARBOR FL 34682	P.O. BOX 909 PALM HARBOR FL 34682

3. Date Incorporated or Qualified: 11/22/1994	3a. Date of Last Report: 04/11/1995
4. FEI Number: 76-0080720	☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No	

2. Principal Place of Business (21)	2a. Mailing Address (26)
Suite, Apt. #, etc. (22)	Suite, Apt. #, etc. (27)
City & State (23)	City & State (28)
Zip (24) / Country (25)	Zip (29) / Country (30)

9. Name and Address of Current Registered Agent

HUTCHEISON, LAURIE
2676 WEST LAKE ROAD
PALM HARBOR FL 34684

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable): 34931 US Highway 19 N

83 Suite 300

84 City: Palm Harbor FL 85 Zip Code: 34684

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ (If FL Registered Agent is changed, this must be signed by the new agent) DATE _____

Signature, type or print name of registered agent and title if officer or director

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	☐ DELETE	1.1 TITLE	☑ Change ☐ Addition
NAME	STEVENS, SCOTT A		1.2 NAME	
STREET ADDRESS	2676 WEST LAKE ROAD		1.3 STREET ADDRESS	34931 US Hwy 19 N, Suite 300
CITY-ST-ZIP	PALM HARBOR FL 34684		1.4 CITY-ST-ZIP	Palm Harbor, FL 34684
TITLE	ST	☐ DELETE	2.1 TITLE	☑ Change ☐ Addition
NAME	HUTCHEISON, LAURIE A		2.2 NAME	
STREET ADDRESS	2676 WEST LAKE ROAD		2.3 STREET ADDRESS	34931 US Hwy 19 N, Suite 300
CITY-ST-ZIP	PALM HARBOR FL 34684		2.4 CITY-ST-ZIP	Palm Harbor, FL 34684
TITLE	C	☐ DELETE	3.1 TITLE	☑ Change ☐ Addition
NAME	PAYNE, BOBBY J		3.2 NAME	
STREET ADDRESS	2676 WEST LAKE ROAD		3.3 STREET ADDRESS	34931 US Hwy 19 N, Suite 300
CITY-ST-ZIP	PALM HARBOR FL 34684		3.4 CITY-ST-ZIP	Palm Harbor, FL 34684
TITLE		☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Laurie Hutcheison 4/23/96 (813) 789-6826

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Laurie Hutcheison

CR2E034 (12/95)