


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.  
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED  
Sep 03 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F95000005922 (8)

1. Corporation Name

CABLE PLUS MANAGEMENT COMPANY

Principal Place of Business

11400 SE 6TH ST., STE. 120  
BELLEVUE WA 98004

Mailing Address

11400 SE 6TH ST., STE. 120  
BELLEVUE WA 98004

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 12/05/1995		3a. Date of Last Report 07/30/1996	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number 91-1503877		Applied For Not Applicable	
22 City & State		27 City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 Zip Country		28 Zip Country		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Zip Country		29 Zip Country		30		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

NRAI SERVICES, INC.  
526 E. PARK AVE.  
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

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 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CP	1.1 TITLE	CD
NAME	LIEBSACK, JOSEPH M	1.2 NAME	
STREET ADDRESS	11400 SE 6TH ST., STE. 120	1.3 STREET ADDRESS	
CITY-ST-ZIP	BELLEVUE WA 98004	1.4 CITY-ST-ZIP	
TITLE	C	2.1 TITLE	P
NAME	LUMRY, RUFUS W	2.2 NAME	Matthew J. Schiltz
STREET ADDRESS	11400 SE 6TH ST., STE. 120	2.3 STREET ADDRESS	11400 SE 6th St., STE. 120
CITY-ST-ZIP	BELLEVUE WA 98004	2.4 CITY-ST-ZIP	Bellevue, Wa 98004
TITLE	DST	3.1 TITLE	DS
NAME	WEIBLING, DENNIS M	3.2 NAME	
STREET ADDRESS	2320 CARILLON POINT, 4TH FL.	3.3 STREET ADDRESS	
CITY-ST-ZIP	KIRKLAND WA 98004	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	
NAME	PERRY, WAYNE M	4.2 NAME	
STREET ADDRESS	14224 - 168TH AVE. NE	4.3 STREET ADDRESS	
CITY-ST-ZIP	WOODINVILLE WA 98072	4.4 CITY-ST-ZIP	
TITLE	V	5.1 TITLE	
NAME	O'MALLEY, GARY B	5.2 NAME	
STREET ADDRESS	11400 SE 6TH ST., STE. 120	5.3 STREET ADDRESS	
CITY-ST-ZIP	BELLEVUE WA 98004	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	V
NAME		6.2 NAME	Robert S. McCambridge
STREET ADDRESS		6.3 STREET ADDRESS	11400 SE 6th St., Ste 120
CITY-ST-ZIP		6.4 CITY-ST-ZIP	Bellevue, Wa 98004

14. I do 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

TRIMMADORE REQUIRED

7/1/97

11400 SE 6TH ST.

CR2E034 (4/97)