

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Mar 06, 2001 08:00 AM**  
**Secretary of State****DOCUMENT # F96000003391**1. Entity Name  
TORRENCE CABLEVISION, U.S.A., INC.Principal Place of Business  
8 LAKE LAND CIRCLE  
JACKSON MS 39216  
Mailing Address  
PO BOX 6003  
RIDGELAND MS 39158

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City &amp; State City &amp; State

Zip Country Zip Country

4. FEI Number  
**64-0862219**  
Applied For  
Not Applicable5. Certificate of Status Desired ☐ **\$8.75** Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**BURWELL JOHN  
9815 HWY. 98 WEST  
UNIT #750  
DESTIN FL 32541 US**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 \_\_\_\_\_ **03/06/2001**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE9. 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, 2001 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 P ☐ Delete  
NAME BRIETHAAPT BARRY K  
STREET ADDRESS 8 LAKE LAND CIRCLE  
CITY-ST-ZIP JACKSON MS 39216TITLE ST ☐ Delete  
NAME MCDANIEL LISA P  
STREET ADDRESS 8 LAKE LAND CIRCLE  
CITY-ST-ZIP JACKSON MS 39216TITLE VP ☐ Delete  
NAME TORRENCE KIM A  
STREET ADDRESS 128 SPINDLEWOOD DR  
CITY-ST-ZIP MADISON MS 39110TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**TITLE P ☒ Change ☐ Addition  
NAME BREITHAAPT BARRY K  
STREET ADDRESS 8 LAKE LAND CIRCLE  
CITY-ST-ZIP JACKSON MS 39216TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE VP ☒ Change ☐ Addition  
NAME INZINNA KIM A  
STREET ADDRESS 128 SPINDLEWOOD DR  
CITY-ST-ZIP MADISON MS 39110TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ 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: LISA P MCDANIEL****ST 03/06/2001**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)