

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 18, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # F97000003185**

1. Entity Name

US CABLE OF LAKE FOREST, INC.



Principal Place of Business

28 WEST GRAND AVENUE  
MONTVALE, NJ 07645

Mailing Address

28 WEST GRAND AVENUE  
MONTVALE, NJ 07645



03042004 No Chg-P CR2E034 (10/03)

4. FEI Number

22-2842768

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525

**DO NOT WRITE  
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

U000000052070  
03/18/04-80034-015 150.00

**10. OFFICERS AND DIRECTORS**

TITLE PD  
NAME MYERS, STEPHEN E  
STREET ADDRESS 28 WEST GRAND AVENUE  
CITY-ST-ZIP MONTVALE, NJ

TITLE VSD  
NAME ANDERSON, MICHAEL C  
STREET ADDRESS 28 WEST GRAND AVENUE  
CITY-ST-ZIP MONTVALE, NJ

TITLE VTD  
NAME PEARSON, JAMES D  
STREET ADDRESS 28 WEST GRAND AVENUE  
CITY-ST-ZIP MONTVALE, NJ

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

03-08-05

261930 9007