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Jul 21, 1999 8:00 am
Secretary of State

07-21-1999 90007 038 ***550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F98000007048

1. Corporation Name
CABLE USA, INC.

Principal Place of Business

Mailing Address

2584 HORSESHOE DRIVE
NAPLES FL 34104-6131

2584 HORSESHOE DRIVE
NAPLES FL 34104-6131

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/28/1998

4. FEI Number

65-0881061

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip Country

28 Zip Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET
TALLAHASSEE FL 32301

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 CD ☐ DELETE

NAME PRITZKER, ROBERT A
STREET ADDRESS 225 WEST WASHINGTON STREET
CITY-ST-ZIP CHICAGO IL 60606

1.1 TITLE ☐ Change ☐ Addition

TITLE PGM ☐ DELETE

NAME MILLIKEN, BRUCE C
STREET ADDRESS 2584 SOUTH HORSESHOE DRIVE
CITY-ST-ZIP NAPLES FL 34104

2.1 TITLE ☐ Change ☐ Addition

TITLE VTD ☐ DELETE

NAME GLUTH, R C
STREET ADDRESS 225 WEST WASHINGTON STREET
CITY-ST-ZIP CHICAGO IL 60606

3.1 TITLE ☐ Change ☐ Addition

TITLE DV ☐ DELETE

NAME WEST, HENRY J
STREET ADDRESS 225 WEST WASHINGTON STREET
CITY-ST-ZIP CHICAGO IL 60606

4.1 TITLE ☐ Change ☐ Addition

TITLE SGC ☐ DELETE

NAME WEBB, ROBERT W
STREET ADDRESS 225 WEST WASHINGTON STREET
CITY-ST-ZIP CHICAGO IL 60606

5.1 TITLE ☐ Change ☐ Addition

TITLE C ☐ DELETE

NAME MILLAN, ESTEBAN A
STREET ADDRESS 2584 SOUTH HORSESHOE DRIVE
CITY-ST-ZIP NAPLES FL 34104

6.1 TITLE ☐ Change ☐ Addition

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 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 #

CR2E034 (11/98)