

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 13, 2005 08:00 AM
Secretary of State

DOCUMENT # F98000007048

1. Entity Name
CABLE USA, INC.



Principal Place of Business
**2584 HORSESHOE DRIVE
NAPLES, FL 34104-6131**

Mailing Address
**2584 HORSESHOE DRIVE
NAPLES, FL 34104-6131**

DO NOT WRITE IN THIS SPACE



07062005 No Chg-P CR2E034 (10/03)

4. FEI Number
65-0881061

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

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

**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
Due by September 7, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

| | |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PGM MCDONALD, DAVID G 2584 SOUTH HORSESHOE DR. NAPLES, FL 34104 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VTD GLUTH, R C 225 WEST WASHINGTON STREET CHICAGO, IL 60606 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SGC WEBB, ROBERT W 225 WEST WASHINGTON STREET CHICAGO, IL 60606 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | C MILLAN, ESTEBAN A 2584 SOUTH HORSESHOE DRIVE NAPLES, FL 34104 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D HARTLEY, MICHAEL P 2708-1 HIGHWAY 31 SOUTH, STE C DECATUR, AL 35603 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

U000000372559
07/13/05-80005-D23 150.00

**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)(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 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

ESTEBAN A MILLAN

7/8/05

Daytime Phone # _____

(239) 280-3861