

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F98000007048

Entity Name: CABLE USA, INC.

FILED
Jan 14, 2009
Secretary of State

Current Principal Place of Business:

2584 HORSESHOE DRIVE
NAPLES, FL 341046131

New Principal Place of Business:

Current Mailing Address:

2584 HORSESHOE DRIVE
NAPLES, FL 341046131

New Mailing Address:

FEI Number: 65-0881061

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PGM () Delete
Name: MCDONALD, DAVID G
Address: 2584 SOUTH HORSESHOE DR.
City-St-Zip: NAPLES, FL 34104

Title: SGC () Delete
Name: WEBB, ROBERT W
Address: 181 WEST MADISON STREET, 26TH FLOOR
City-St-Zip: CHICAGO, IL 60602

Title: CFO () Delete
Name: MILLAN, ESTEBAN A
Address: 2584 SOUTH HORSESHOE DRIVE
City-St-Zip: NAPLES, FL 34104

Title: DIR () Delete
Name: WEST, HENRY
Address: 181 WEST MADISON STREET, 26TH FLOOR
City-St-Zip: CHICAGO, IL 60602

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ESTEBAN A MILLAN

CFO

01/14/2009

Electronic Signature of Signing Officer or Director

Date