

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F99000004480

1. Entity Name

CABLE LINK, INC.

FILED
Feb 06, 2001 8:00 am
Secretary of State

02-06-2001 90337 046 ***150.00

Principal Place of Business 280 COZZINS STREET COLUMBUS OH 43215	Mailing Address 280 COZZINS STREET COLUMBUS OH 43215
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State	4. FEI Number 31-1239657	Applied For Not Applicable
Zip	Country	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent BRUNEL, LOUIS 3284 NORTH 29TH COURT HOLLYWOOD FL 33020	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. 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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD CASTLE, BRENDA L 280 COZZINS STREET COLUMBUS OH <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS Castle, Brenda L. 280 Cozzins Street Columbus, OH <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D AUZAN, DANIEL 31 RUE DES PEUPLIERS BOULOGNE CEDEX, FRANCE OH <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Auzan, Daniel 31, rue des Peupliers Boulogne Cedex, France <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BLASKIE, GERALD 280 COZZINS STREET COLUMBUS OH <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TRIEBEL, HENRI 31 RUE DES PEUPLIERS BOULOGNE CEDEX, FLANCE <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BINSKY, BOB 3284 N 29TH COURT HOLLYWOOD FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCD BRUNEL, LOUIS 280 COZZINS STREET COLUMBUS OH <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Brenda L. Castle*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/17/01

Date

614-221-3131

Daytime Phone #

CR2E034 (10/00)

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **F99000004480**

1. Entity Name
CABLE LINK, INC.

Attachment
A0020855
Page 2 of 2

0585312

Principal Place of Business
**280 COZZINS STREET
COLUMBUS OH 43215**

Mailing Address
**280 COZZINS STREET
COLUMBUS OH 43215**

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State
Zip Country

City & State
Zip Country

4. FEI Number **31-1239657**
Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**BRUNEL, LOUIS
3284 NORTH 29TH COURT
HOLLYWOOD FL 33020**

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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

9. 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**

1. OFFICERS AND DIRECTORS			
TITLE	VP	<input type="checkbox"/> Delete	
NAME	CASTLE, BRENDA L		
STREET ADDRESS	280 COZZINS STREET		
CITY-ST-ZIP	COLUMBUS OH		
TITLE	D	<input type="checkbox"/> Delete	
NAME	AUZAN, DANIEL		
STREET ADDRESS	31 RUE DES PEUPLIERS		
CITY-ST-ZIP	BOULOGNE CEDEX, FRANCE 07		
TITLE	T	<input type="checkbox"/> Delete	
NAME	BLASKIE, GERALD		
STREET ADDRESS	280 COZZINS STREET		
CITY-ST-ZIP	COLUMBUS OH		
TITLE	D	<input type="checkbox"/> Delete	
NAME	TRIEBEL, HENRI		
STREET ADDRESS	31 RUE DES PEUPLIERS		
CITY-ST-ZIP	BOULOGNE CEDEX, FRANCE		
TITLE	D	<input type="checkbox"/> Delete	
NAME	BINSKY, BOB		
STREET ADDRESS	3284 N 29TH COURT		
CITY-ST-ZIP	HOLLYWOOD FL		
TITLE	PCD	<input type="checkbox"/> Delete	
NAME	BRUNEL, LOUIS		
STREET ADDRESS	280 COZZINS STREET		
CITY-ST-ZIP	COLUMBUS OH		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	Brodeur, Pierre		
STREET ADDRESS	2060 de la Regence		
CITY-ST-ZIP	St. Bruno, Quebec J3V4B6 Canada		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	Wilson, John C.		
STREET ADDRESS	Credit Suisse First Boston Corp		
CITY-ST-ZIP	11 Madison Avenue New York, NY 10010		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

3. 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: Brenda L. Castle 01/17/00 614-221-3131
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Vice President-Operations President Midwest Div.

CR2E034 (10/00)