


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2007 08:00 A
Secretary of State

DOCUMENT # G28395
 1. Entity Name
 MOJAVE-ROSAMOND CABLEVISION, INC.



Principal Place of Business % DOUGLAS J. MILNE 4595 LEXINGTON AVENUE JACKSONVILLE, FL 32210	Mailing Address % DOUGLAS J. MILNE 4595 LEXINGTON AVENUE JACKSONVILLE, FL 32210
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04272007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2306650	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 MILNE, DOUGLAS J
 4595 LEXINGTON AVENUE
 JACKSONVILLE, FL 32210

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

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

000000750730
 05/18/07-80077-008 1350.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MILNE, DOUGLAS J 4595 LEXINGTON AVENUE JACKSONVILLE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MILNE, DOUGLAS J. 4595 LEXINGTON AVENUE JACKSONVILLE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD MILNE, JACK F. 4595 LEXINGTON AVENUE JACKSONVILLE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST WELLS, MARIE 4595 LEXINGTON AVE JACKSONVILLE, FL 32210
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Marie Wells MARIE WELLS 4/30/07 904-387-6770
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #