


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 02, 2008 08:00 AM
Secretary of State

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



Principal Place of Business Mailing Address
% DOUGLAS J. MILNE **% DOUGLAS J. MILNE**
4595 LEXINGTON AVENUE **4595 LEXINGTON AVENUE**
JACKSONVILLE, FL 32210 **JACKSONVILLE, FL 32210**

DO NOT WRITE IN THIS SPACE



03172008 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, 2008 Fee will be \$550.00

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

U00000944066
05/29/08-80085-002 150.00

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	MILNE, DOUGLAS J
STREET ADDRESS	4595 LEXINGTON AVENUE
CITY-ST-ZIP	JACKSONVILLE, FL
TITLE	PD
NAME	MILNE, DOUGLAS J.
STREET ADDRESS	4595 LEXINGTON AVENUE
CITY-ST-ZIP	JACKSONVILLE, FL
TITLE	STD
NAME	MILNE, JACK F.
STREET ADDRESS	4595 LEXINGTON AVENUE
CITY-ST-ZIP	JACKSONVILLE, FL
TITLE	ST
NAME	WELLS, MARIE
STREET ADDRESS	4595 LEXINGTON AVE
CITY-ST-ZIP	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 4/30/08 904-387-6770
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #