

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G28395

FILED
Apr 29, 2011
Secretary of State

Entity Name: MOJAVE-ROSAMOND CABLEVISION, INC.

Current Principal Place of Business:

% DOUGLAS J. MILNE
4595 LEXINGTON AVENUE
JACKSONVILLE, FL 32210

New Principal Place of Business:

% DOUGLAS J. MILNE
1912 HAMILTON ST #203
JACKSONVILLE, FL 32210

Current Mailing Address:

% DOUGLAS J. MILNE
4595 LEXINGTON AVENUE
JACKSONVILLE, FL 32210

New Mailing Address:

% DOUGLAS J. MILNE
1912 HAMILTON ST #203
JACKSONVILLE, FL 32210

FEI Number: 59-2306650

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MILNE, DOUGLAS J
4595 LEXINGTON AVENUE
JACKSONVILLE, FL 32210 US

Name and Address of New Registered Agent:

MILNE, DOUGLAS J
1912 HAMILTON ST #203
JACKSONVILLE, FL 32210 US

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:

04/29/2011

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D
Name: MILNE, DOUGLAS J
Address: 1912 HAMILTON ST #203
City-St-Zip: JACKSONVILLE, FL 32210

Title: PD
Name: MILNE, DOUGLAS J.
Address: 4595 LEXINGTON AVENUE
City-St-Zip: JACKSONVILLE, FL 32210

Title: STD
Name: MILNE, JACK F.
Address: 4595 LEXINGTON AVENUE
City-St-Zip: JACKSONVILLE, FL

Title: ST
Name: WELLS, MARIE
Address: 1912 HAMILTON ST #203
City-St-Zip: JACKSONVILLE, FL 32210

I hereby 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 all other like empowered.

SIGNATURE: MARIE WELLS

ST

04/29/2011

Electronic Signature of Signing Officer or Director

Date