2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

FILED Feb 24, 2003 8:00 am Secretary of State

DOCUMENT # G41920 1. Entity Name CABLE COMMUNICATIONS AND ENGINEERING, INC.							02-24-2003 9	90169 036 ***	158.75	
Principal Place of Business 4094 WHITEWATER RD P. 0.BOX 1554 VALDOSTA, GA 31601 US			Mailing Address 4094 WHITEWATER RD P. 0.BOX 1554 VALDOSTA, GA 31601 US							
2. Principal Place of Business			3. Mailing Address			† 				
Suite, Apt. #, etc.			Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES				
City & State			City & State			4. FE	59-2293720\	 - -	Applied For Not Applicable	
Zip			Žip Coun		ntry	5. Certificate of Status Desired			\$8.75 Additional Fee Required	
Name and Address of Current Registered Agent					Name	7. Na	me and Address of New Reg	stered Agent		
BURNETT, GEORGE RT 1 BOX 201 MT HOREB RD. PINE TA, FL 32350			Street Address		P.O. Box	x Number Is Not Acceptable)				
					City		,,,,,,	FL Zip Co	de	
8. The above the obligation	e named entity submits tions of registered agen	this statement for	r the purpose of changing its	registere	Led office or register	ed ager	nt, or both, In the State of Florid		n, and accept	
SIGNATURE Signature, typed or primed name of eigistered agent and title (applicable). (NOTE: Registered Agent signature required when reinstating). DATE										
FILE NOW!!! FEE 1s.\$150.00 Arter, May 1, 2003. Fee Will be \$550.00 Make Check Payable to Florida Department of State							Election Campaign Finance Trust Fund Contribution.	ing _ \$5.	00 May Be ed to Fees	
10. TITLE	PD 3	OFFICERS AND I	DIRECTORS Delete	11. 7016		ADDI	TIONS/CHANGES TO OFFICE	RS AND DIRECTOR		
NAME STREET ADDRESS CITY-ST-ZP	TOUCHTON, W. Q 4094 WHITEWATE VALDOSTA, GA		L. Delene	NAM STRE	ŀ			□ ¢iende	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZP	V TOUCHTON, WILL 4058 FENDER RD. VALDOSTA, GA 3		□ Delete	н	1	•		☐ Change	☐ Addition (
TITLE NAME	VST TOUCHTON, BRIA	N.K.	☐ Delete	TITLE				Change	Addition	
STREET ADDRESS CITY-ST-ZIP	4082 WHITE WATE VALDOSTA, GA 31			Ħ	ET ADDRÉSS -ST-21P	•			}	
TITLE NAME STREET ADDRESS CITY-ST-ZP			□ Delete	И				☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZP			☐ Delete	8				☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-2P			☐ Delete	TITLE NAME STREE CITY-:	T ADDRESS ST -21P			☐ Change	Addition	
12. 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 pay 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 trusted 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 parties with all other fixe empowered.										
SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF PICKING OFFICER OR DIRECTOR COLOR DATE OF SIGNATURE AND TYPED OR PRINTED NAME OF PICKING OFFICER OR DIRECTOR COLOR DATE OF SIGNATURE AND TYPED OR PRINTED NAME OF PICKING OFFICER OR DIRECTOR										