FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 MAY -1 PM 1:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # G94830 (8)

1. Corporation Name
CABLE USA INC.

Principal Place of Business	Mailing Address
% BRUCE C. MILLIKEN 2584 S.HORSESHORE DR. NAPLES FL 33942	% BRUCE C. MILLIKEN 2584 S.HORSESHORE DR. NAPLES FL 33942

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/10/1984
3a. Date of Last Report: 05/31/1994
4. FEI Number: 59-2398272 — Applied For / Not Applicable
5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032 Florida Statutes: ☒ Yes ☐ No

2. Principal Place of Business — 21 — Suite, Apt. # etc. 22 — City & State 23 — Zip 24 — Country 25
2a. Mailing Address — 26 — Suite, Apt. # etc. 27 — City & State 28 — Zip 29 — Country 30

9. Name and Address of Current Registered Agent

MILLIKEN, BRUCE C.
2584 S. HORSESHOE DR.
COLLIER PARK OF COMMERCE
NAPLES FL 33942

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City — FL — 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	Change	Addition
TITLE	VD		☐	☐
NAME	DAVID G. MCDONALD			
STREET ADDRESS	1083 WHITEHART CT., PO 1544			
CITY-ST-ZIP	MARCO ISLAND FL			
TITLE	CD		☐	☐
NAME	CONNELL, M.W.			
STREET ADDRESS	801 LAUREL OAK DR #620			
CITY-ST-ZIP	NAPLES FL			
TITLE	D~~S~~	D	☑	☐
NAME	MERRIWETHER, D. CHARLES			
STREET ADDRESS	3495 GIN LANE			
CITY-ST-ZIP	NAPLES FL			
TITLE	VDST		☐	☐
NAME	MILLAN, ESTEBAN A~~M~~			
STREET ADDRESS	24585 PARADISE RD SE			
CITY-ST-ZIP	BONITA SPRINGS FL			
TITLE	D		☐	☐
NAME	SCOTT, JOHN M.			
STREET ADDRESS	1150 GALLEON DR.			
CITY-ST-ZIP	NAPLES FL			
TITLE	PCEO	PCEOD	☑	☐
NAME	MILLIKEN, BRUCE C			
STREET ADDRESS	2584 SO HORSESHOE DR			
CITY-ST-ZIP	NAPLES FL			

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *[signature]* ESTEBAN A. MILLAN, SECRETARY — 4/25/95 — (813) 643-6400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0328094 CP