

2004 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
Jan 20, 2004 8:00 am
Secretary of State

01-20-2004 90079 002 ***150.00

DOCUMENT # H55013 1. Entity Name BRONSON CABLEVISION, INC.																																																																							
Principal Place of Business SR 235 BROOKER, FL 32622 US			Mailing Address PO BOX 128 BROOKER, FL 32622 US																																																																				
2. Principal Place of Business 5870 NE 77th Ave. <small>Suite, Apt. #, etc.</small>		3. Mailing Address 5870 NE 77th Ave. <small>Suite, Apt. #, etc.</small>																																																																					
City & State Bonson, FL		City & State Bonson, FL		4. FEI Number 59-2533074																																																																			
Zip 32621		Country Levy		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required																																																																			
6. Name and Address of Current Registered Agent HULETT, THOMAS S.R. 235 BROOKER, FL 32622				7. Name and Address of New Registered Agent Name: Thomas Hulett Street Address (P.O. Box Number is Not Acceptable): 5870 NE 77th Ave. City & State: Bonson FL Zip Code: 32621																																																																			
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: <u><i>Thomas Hulett</i></u> DATE: <u>1-14-04</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>																																																																							
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																																																																				
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="3" style="text-align: left; padding: 2px;">10. OFFICERS AND DIRECTORS</th> <th colspan="3" style="text-align: left; padding: 2px;">11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</th> </tr> <tr> <td style="width: 15%; padding: 2px;">TITLE</td> <td style="width: 65%; padding: 2px;">PS HULETT, THOMAS K.</td> <td style="width: 20%; padding: 2px;"><input type="checkbox"/> Delete</td> <td style="width: 15%; padding: 2px;">TITLE</td> <td style="width: 65%; padding: 2px;">PS Hulett, Thomas K. 5870 NE 77th Ave. Bonson, FL 32621</td> <td style="width: 20%; padding: 2px;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td style="padding: 2px;">NAME</td> <td style="padding: 2px;">S.R. 235</td> <td></td> <td style="padding: 2px;">NAME</td> <td style="padding: 2px;"></td> <td></td> </tr> <tr> <td style="padding: 2px;">STREET ADDRESS</td> <td style="padding: 2px;">BROOKER, FL</td> <td></td> <td style="padding: 2px;">STREET ADDRESS</td> <td style="padding: 2px;"></td> <td></td> </tr> <tr> <td style="padding: 2px;">CITY-ST-ZIP</td> <td style="padding: 2px;"></td> <td></td> <td style="padding: 2px;">CITY-ST-ZIP</td> <td style="padding: 2px;"></td> <td></td> </tr> <tr> <td style="padding: 2px;">CITY-ST-ZIP</td> <td style="padding: 2px;"></td> <td></td> <td style="padding: 2px;">CITY-ST-ZIP</td> <td style="padding: 2px;"></td> <td></td> </tr> <tr> <td style="padding: 2px;">CITY-ST-ZIP</td> <td style="padding: 2px;"></td> <td></td> <td style="padding: 2px;">CITY-ST-ZIP</td> <td style="padding: 2px;"></td> <td></td> </tr> <tr> <td style="padding: 2px;">CITY-ST-ZIP</td> <td style="padding: 2px;"></td> <td></td> <td style="padding: 2px;">CITY-ST-ZIP</td> <td style="padding: 2px;"></td> <td></td> </tr> <tr> <td style="padding: 2px;">CITY-ST-ZIP</td> <td style="padding: 2px;"></td> <td></td> <td style="padding: 2px;">CITY-ST-ZIP</td> <td style="padding: 2px;"></td> <td></td> </tr> <tr> <td style="padding: 2px;">CITY-ST-ZIP</td> <td style="padding: 2px;"></td> <td></td> <td style="padding: 2px;">CITY-ST-ZIP</td> <td style="padding: 2px;"></td> <td></td> </tr> <tr> <td style="padding: 2px;">CITY-ST-ZIP</td> <td style="padding: 2px;"></td> <td></td> <td style="padding: 2px;">CITY-ST-ZIP</td> <td style="padding: 2px;"></td> <td></td> </tr> </table>						10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			TITLE	PS HULETT, THOMAS K.	<input type="checkbox"/> Delete	TITLE	PS Hulett, Thomas K. 5870 NE 77th Ave. Bonson, FL 32621	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	S.R. 235		NAME			STREET ADDRESS	BROOKER, FL		STREET ADDRESS			CITY-ST-ZIP			CITY-ST-ZIP			CITY-ST-ZIP			CITY-ST-ZIP			CITY-ST-ZIP			CITY-ST-ZIP			CITY-ST-ZIP			CITY-ST-ZIP			CITY-ST-ZIP			CITY-ST-ZIP			CITY-ST-ZIP			CITY-ST-ZIP			CITY-ST-ZIP			CITY-ST-ZIP		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11																																																																				
TITLE	PS HULETT, THOMAS K.	<input type="checkbox"/> Delete	TITLE	PS Hulett, Thomas K. 5870 NE 77th Ave. Bonson, FL 32621	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition																																																																		
NAME	S.R. 235		NAME																																																																				
STREET ADDRESS	BROOKER, FL		STREET ADDRESS																																																																				
CITY-ST-ZIP			CITY-ST-ZIP																																																																				
CITY-ST-ZIP			CITY-ST-ZIP																																																																				
CITY-ST-ZIP			CITY-ST-ZIP																																																																				
CITY-ST-ZIP			CITY-ST-ZIP																																																																				
CITY-ST-ZIP			CITY-ST-ZIP																																																																				
CITY-ST-ZIP			CITY-ST-ZIP																																																																				
CITY-ST-ZIP			CITY-ST-ZIP																																																																				
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 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: <u><i>Thomas K. Hulett</i></u> DATE: <u>1-14-04</u> DAYTIME PHONE: <u>352-486-2509</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>																																																																							