2005 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

Apr 04, 2005 08:00 AM Secretary of State DOCUMENT # H55013 1. Entity Name BRONSON CABLEVISION, INC. Principal Place of Business Mailing Address 5870 NE 77TH AVE. BRONSON, FL 32621 5870 NE 77TH AVE. BRONSON, FL 32621 US US CR2E034 (10/03) No Cha-P 01152005 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-2533074 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent DO NOT WRITE **HULETT, THOMAS** 5870 NE 77TH AVE BRONSON, FL 32621 IN THIS SPACE 6. 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 Signature, typed or printed name of registered agent and little if applicable (NOTE, Registered Agent signature required when releasaing) DATE FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS TITLE NAME HULETT, THOMAS K. STREET ADDRESS 5870 NE 77TH AVE CITY-ST-ZIP BRONSON, FL 32621 000000286045 04/04/05-80013-006 150.nn MILE NAME STREET ADDRESS CTTY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TILE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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

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