

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 02, 2008 8:00 am
Secretary of State

04-02-2008 90025 046 ***150.00

DOCUMENT # H55013 1. Entity Name BRONSON CABLEVISION, INC.																											
Principal Place of Business 5870 NE 77TH AVE. BRONSON, FL 32621 US		Mailing Address PO BOX 901 BRONSON, FL 32621 US																									
2. Principal Place of Business - No P.O. Box # 10441 NE 76th Terr. Suite, Apt. #, etc.		3. Mailing Address 10441 NE 76th Terr. Suite, Apt. #, etc.																									
City & State Gainesville, FL Zip 32609 Country USA		City & State Gainesville, FL Zip 32609 Country USA																									
4. FEI Number 59-2533074		Applied For <input checked="" type="checkbox"/> Not Applicable																									
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required																									
6. Name and Address of Current Registered Agent HULETT, THOMAS 5870 NE 77TH AVE BRONSON, FL 32621		7. Name and Address of New Registered Agent Name Thomas Hulett Street Address (P.O. Box Number is Not Acceptable) 10441 NE 76th Terrace City Gainesville FL Zip Code 32609																									
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 Thomas Hulett Thomas Hulett, president 3-31-2008 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>																											
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																									
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE</td> <td style="width: 40%;">PS</td> <td style="width: 30%;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>HULETT, THOMAS K.</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>5870 NE 77TH AVE</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>BRONSON, FL 32621</td> <td></td> </tr> </table>		TITLE	PS	<input type="checkbox"/> Delete	NAME	HULETT, THOMAS K.		STREET ADDRESS	5870 NE 77TH AVE		CITY - ST - ZIP	BRONSON, FL 32621		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE</td> <td style="width: 40%;">PS</td> <td style="width: 30%;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>Thomas K. Hulett</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>10441 NE 76th Terrace</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>Gainesville, FL 32609</td> <td></td> </tr> </table>		TITLE	PS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	Thomas K. Hulett		STREET ADDRESS	10441 NE 76th Terrace		CITY - ST - ZIP	Gainesville, FL 32609	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Thomas K. Hulett, president <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		3-31-2008 352-219-3795 <small>Date Daytime Phone #</small>																									