

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
Feb 08, 2002 8:00 am  
Secretary of State

02-08-2002 90018 003 \*\*\*150.00

DOCUMENT # J72820

1. Entity Name

CABLE TELEVISION INSTALLATION & SERVICE, INC.

Principal Place of Business

3902 CORPOREX PARK DRIVE.. SUITE 200  
TAMPA FL 33619

Mailing Address

3902 CORPOREX PARK DRIVE.. SUITE 200  
TAMPA FL 33619

2. Principal Place of Business

5453 N. 59TH STREET

3. Mailing Address

5453 N. 59TH STREET

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

TAMPA, Florida

City & State

TAMPA, Florida

Zip

33610

Country

Zip

33610

Country

4. FEI Number

59-2815440

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

FOSTER, MATTHEW J ES  
100 N. TAMPA ST., SUITE 2700  
TAMPA FL 33602

7. Name and Address of New Registered Agent

Name Michael A. Soros

Street Address (P.O. Box Number is Not Acceptable)

5453 N. 59TH STREET

City TAMPA

FL

Zip Code 33610

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.

SIGNATURE

*Michael A. Soros*

MICHAEL A. SOROS

VP/Gen

1/16/02

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2002 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE P ☐ Delete  
NAME HEIDE, ROBERT D  
STREET ADDRESS P.O. BOX 688  
CITY-ST-ZIP EASTPOINT FL 32328

TITLE V ☐ Delete  
NAME SALTER, JEFF  
STREET ADDRESS 3005 SABAL ROAD  
CITY-ST-ZIP TAMPA FL 33618

TITLE V ☐ Delete  
NAME PULLEN, RICHARD  
STREET ADDRESS 5052 BARROWE DRIVE  
CITY-ST-ZIP TAMPA FL 33624

TITLE V ☐ Delete  
NAME SOROS, MICHAEL  
STREET ADDRESS 2809 NORWOOD HILLS LN  
CITY-ST-ZIP VALRICO FL 33594

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Michael A. Soros*

MICHAEL A. SOROS

VP/Gen

1/16/02

(813) 630-0520

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)