

# **2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# J72820

**FILED**  
**Nov 07, 2005**  
**Secretary of State**

**Entity Name:** CABLE TELEVISION INSTALLATION & SERVICE, INC.

**Current Principal Place of Business:**

5453 N. 59TH STREET  
TAMPA, FL 33610

**New Principal Place of Business:**

**Current Mailing Address:**

5453 N. 59TH STREET  
TAMPA, FL 33610

**New Mailing Address:**

**FEI Number:** 59-2815440

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SOROS, MICHAEL A  
5453 N. 59TH STREET  
TAMPA, FL 33610 US

**Name and Address of New Registered Agent:**

KNOTT, GARY E  
5453 N. 59TH STREET  
TAMPA, FL 33610 US

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: GARY E. KNOTT

11/07/2005

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: V ( ) Delete  
Name: SALTER, JEFF  
Address: 3005 SABAL ROAD  
City-St-Zip: TAMPA, FL 33618

Title: V (X) Delete  
Name: PULLEN, RICHARD  
Address: 5052 BAROWE DRIVE  
City-St-Zip: TAMPA, FL 33624

Title: V (X) Delete  
Name: SOROS, MICHAEL  
Address: 2809 NORWOOD HILLS LN  
City-St-Zip: VALRICO, FL 33594

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PSTD (X) Change ( ) Addition  
Name: KNOTT, GARY E  
Address: 5453 N. 59TH STREET  
City-St-Zip: TAMPA, FL 33610

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GARY E. KNOTT

P

11/07/2005

Electronic Signature of Signing Officer or Director

Date