

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K62828

FILED  
Feb 26, 2009  
Secretary of State

Entity Name: WILSONS' CABLE COMMUNICATIONS COMPANY

## Current Principal Place of Business:

C/O ROBERT N. WILSON  
2657 FLOWING WELL RD  
DELAND, FL 32720

## New Principal Place of Business:

C/O ROBERT N. WILSON  
2658 FLOWING WELL RD  
DELAND, FL 32720

## Current Mailing Address:

C/O ROBERT N. WILSON  
173 MCGREGER RD  
DELAND, FL 32720

## New Mailing Address:

FEI Number: 59-2950971      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

WILSON, ROBERT N.  
2657 FLOWING WELL ROAD  
DELAND, FL 32720    US

## Name and Address of New Registered Agent:

WILSON, ROBERT N.  
2658 FLOWING WELL ROAD  
DELAND, FL 32720    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: \_\_\_\_\_ Date: 02/26/2009  
Electronic Signature of Registered Agent

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: WILSON, ROBERT N.,  
Address: 2657 FLOWING WELL ROAD  
City-St-Zip: DELAND, FL

Title: D ( ) Delete  
Name: WILSON, ROSEMARY,  
Address: 2657 FLOWING WELL ROAD  
City-St-Zip: DELAND, FL

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition  
Name: WILSON, ROBERT N.,  
Address: 2658 FLOWING WELL ROAD  
City-St-Zip: DELAND, FL

Title: D (X) Change ( ) Addition  
Name: WILSON, ROSEMARY,  
Address: 2658 FLOWING WELL ROAD  
City-St-Zip: DELAND, FL

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: ROBERT N. WILSON      PRES      Date: 02/26/2009  
Electronic Signature of Signing Officer or Director