

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Feb 12, 2004 8:00 am**  
**Secretary of State**

02-12-2004 90118 007 \*\*\*\*50.00

**DOCUMENT # L01000010657**

1. Entity Name  
KABLELINK COMMUNICATIONS, LLC



Principal Place of Business

2802 EHRLICH RD  
STE 205  
TAMPA, FL 33624

Mailing Address

2802 EHRLICH RD  
STE 205  
TAMPA, FL 33624

2. Principal Place of Business

4410 WEST CREST AVE

3. Mailing Address

4410 WEST CREST AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

TAMPA, FL

City & State

TAMPA, FL

Zip

33614

Country

Zip

33614

Country

01272004

Chg-LLC

CR2E083 (10/03)

4. FEI Number

59-3727831

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

SULLIVAN, STEPHEN C  
315 S. HYDE PARK AVE.  
TAMPA, FL 33606

7. Name and Address of New Registered Agent

Name

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

City

**FL**

Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$50.00  
Due by May 1, 2004.

Make check payable to  
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM ☐ Delete  
NAME CUFFE, CRAIG  
STREET ADDRESS 3802 EHRLICH RD. STE 305  
CITY-ST-ZIP TAMPA, FL 33624

TITLE MGRM ☐ Delete  
NAME DUBOIS, JOHN  
STREET ADDRESS 3802 EHRLICH RD. STE 305  
CITY-ST-ZIP TAMPA, FL 33624

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE MGR ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 4410 WEST CREST AVE  
CITY-ST-ZIP 33614

TITLE MGR ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 4410 WEST CREST AVE  
CITY-ST-ZIP 33614

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

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

X Craig Cuffe X 2/10/04 813-874-1500