2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L02000030438

1. Entity Name

COVINGTON CABLENET, LLC



FILED Feb 26, 2003 8:00 am Secretary of State 02-26-2003 90032 050 ****55.00

Daytime Phone #

498 HIGHWAY 20 EAST, STE. 204 NCEVILLE FL 39378 Sufer, Apt F. effor. Country Zip Country Zip Country S. Certificate of Suture Desired Apagification of Suture Desired For Package of Suture Desired For Package For Package For Package For Package For Package For Package For Desired Suffer Address of Current Registered Agent Notice For Desired For De	Principal Plac	ce of Business	Mailing Address								
Suite, Apt. #, etc. GHECK HERE IF MAKING CHANGES City & State City & State A. FEI Number Application For O1 - O.75.75.777 No. Application For O1 - O.75.75.757 No. Application For O1 - O.75.75.757 No. Application For O1 - O.75.757 No. Application For O1 - O.75.75											
Suite, Apt. #, etc. GHECK HERE IF MAKING CHANGES City & State City & State A. FEI Number Application For O1 - O.75.75.777 No. Application For O1 - O.75.75.757 No. Application For O1 - O.75.75.757 No. Application For O1 - O.75.757 No. Application For O1 - O.75.75							#1 0 0#				
City & State Country S. Certificate of Status Desired Respondent Registered Agent 7. Name and Address of New Registered Agent 7. Name and Address of New Registered Agent North Asset Address of New Registered Agent North Asset Address (P.O. Box Number is Not Acceptable) City FL Zip Code 8. The above named antity aubritis the statement for the purpose of changing its registered diffice or registered agent, or both, in the State of Forida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Forida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Forida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Forida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Forida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Forida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Forida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Forida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Forida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Forida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Forida. I am familiar with, and accept agent	2. Principal Place of Business		3. Mailing Address								
Step Country Zip Country St. Certificate of Status Desired St. St. On Anatonial Fep Regulator St. Certificate of Status Desired St. St. On Anatonial Fep Regulator St. Certificate of Status Desired St. St. On Anatonial Fep Regulator St. On Anatonial Feb Regulator St. On Ana	Suite, Apt. #, etc.		Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES				
S. Open Many and Address of Current Registered Agent. S. Name and Address of New Registered Agent. Name MCDORMAN, DARRIN 4566 HIGHMAY 20 EAST, STE. 204 NICEVILLE R. 33578 B. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Fordat. I am familiar with, and accept the chiggations of registered agent and the registered Agent are under the chiggations of registered agent and the registered Agent are under the chiggations of registered agent and the registered Agent are under the chiggations of registered agent and the registered Agent are under the chiggations of registered agent, or both, in the State of Fordat. I am familiar with, and accept the chiggations of registered agent and the registered Agent agent are under the new agent a	City & State		City & State					7 \			,
MCDORMAN, DARREN 4588 HIGHWAY 20 EAST, STE. 204 NICEVILLE FL 33578 City FL Zip Code FL Zip Co	Zip Country		Zip	Zip Coun					\$5.00 A	Additional	
MCDORMAN, DARREN 488 HIGHWAY 2D EAST, STE. 204 NICEVILLE FL 33578 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 Symmetric flowers 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 flowers Fl. Zip Code Fl. Zip Code Fl. Zip Code Fl. Zip Code Fl. Zip Code Fl. Zip Code Fl. Zip Code Fl. Zip Code Fl. Zip Code Fl. Zip C		6. Name and Address of Current	Registered Agent		_	7. Name a	and Address of New F	Registered	Agent		1
### Addition Street Address (P.O. Box Number is Not Acceptable) City		2001111 242251	-		Name						1
NICEVILLE FL 33578 City FL Zp 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 I provide agent and the provide agent and the provided agent and the provided agent application of registered agent, in the State of Florida. I am familiar with, and accept the obligations of registered agent, in the State of Florida. I am familiar with, and accept the obligations of registered agent. Signature I provided agent and the provided agent and the provided agent application and agent agent and the provided agent application and agent			Street Address			ss (PO Boy Nur	nher is Not Acceptable				┨
Expected agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or primad name of registered agent and title of spotcasts. (NOTE: Registered agent alignature required when nonstating) DATE						55 (F.O. BOX 11G)	The Tot Neceptable	-,			
8. The above named entity submits this statement for the purpose of changing its 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 the its if applicable. NOTE Registered Agent signature required when normating) DATE	NO	LVILLE I E 33376									
8. The above named entity submits this statement for the purpose of changing its 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 the its if applicable. NOTE Registered Agent signature required when normating) DATE					City				Zip Cc	ode	-
SIGNATURE Signature types of private nerve of registered agent and 150 if applicable (NOTE Registered Agent signature required when ministairing) DATE									<u>- </u>		4
SIGNATURE Signature, typed of prired name of registered agent and the / applicable NOTE: Projection Agent signature required when normalating) DATE			or the purpose of changing its	s register	ed office or regis	stered agent, or	both, in the State of Hi	orida. I am	familiar with	n, and accept	
Squeduru, hyped or printed name of registered agent and the if applicable (NOTE: Registered Agent approach agent approach for revisitating) P.	,										
9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES TITLE	SIGNATURE .	Signature, typed or printed name of registered agent	and title if applicable. (NO	TE: Registere	d Agent signature req	uired when reinstating)		DATE			1
9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES TITLE			FILE N	OWIII	EEE 19 950 0	<u> </u>					1
9. MANAGING MEMBERS / MANAGERS 10. ADDITIONS/CHANGES 11. ITLE											
9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES Change Addition			,		-	ment of otate					ļ.
ITILE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET	Q	MANAGING MEMBE					ADDITIONS	/CHANGES			-
MAME STREET ADDRESS CITY-ST-ZIP TITLE MAME STREET ADDRESS CITY-ST-ZIP TITLE MAME DAR RED MEDOR MEDOR MEDOR MEDOR MEDOR MEDOR MEDOR MADE STREET ADDRESS CITY-ST-ZIP TITLE MAME DAR RED MEDOR MEDO				_	:		ADDITIONS	CHANGES		Addition	- 5
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CIT		Manhall MCDOR	MAN	NAM	i i				Onlings		1
TITLE NAME SIREET ADDRESS CITY-ST-ZIP TITLE NAME SIREET	STREET ADDRESS	FOR QUARRY COMMUNICATIONS, U			ET ADDRESS	•					2
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME DARREN MEDOREMAN Development, STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST	CITY-ST-ZIP	5 Public Sq., #		CITY	-ST-ZIP				-		į
STREET ADDRESS CITY-S1-ZIP TITLE MAME DAR VACON MCOOK MEN FOR MCDORMAN Devolopment, GUY-S1-ZIP TITLE NAME STREET ADDRESS CITY-S1-ZIP TITLE Delete TITLE MAME STREET ADDRESS CITY-S1-ZIP TITLE Delete TITLE MAME STREET ADDRESS CITY-S1-ZIP TITLE MAME STREET ADDRESS CITY-S1-ZIP TITLE Delete TITLE MAME STREET ADDRESS CITY-S1-ZIP TITLE MAME STREET ADDRESS CITY-S1-ZIP TITLE NAME S	TITLE	CARtensville,	GA 30 Delete	TITLI					☐ Change	Addition	١
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	=			NAM	E						1
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-S											
NAME SIREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRES	 			-							4
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET A		- Mar MEDAIL	Delete _	**					_ Change	Addition	
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZI		FOR MCDARMAN	Development	. Line							
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRES	OUTS/ OT TIP	4566 HUN 20 F	#204								
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRES	TITLE	Nice ville F/ 3	2/578 □ Delete	TITLE	:				☐ Change	☐ Addition	1
CITY-ST-ZIP TITLE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TIT		12.001110) 12 3									
TITLE NAME STREET ADDRESS CITY-ST-ZIP Change Addition NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE 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	STREET ADDRESS			STRE	ET ADDRESS						1
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE 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	CITY-ST-ZIP			CITY	-ST-ZIP						
STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE Change Addition NAME STREET ADDRESS CITY-ST-ZIP 11. 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			☐ Delete	TITLE	:				Change	Addition	1
CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP To 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								•			ļ
TITLE 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											
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			П в	_							1
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			L_I Delete						∟ ∪nange	LT Addition	
CITY-ST-ZIP CITY-ST-ZIP 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				1							
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	CITY-ST-ZIP		•		i i						
	indicated	on this report is true and accurate and	that my signature shall have	the same	legal effect as	if made under of	ath; that I am a manag	I further cer	tify that the	information ger of the	1