

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000045457

FILED
Apr 22, 2007
Secretary of State

Entity Name: D.P. CABLE, LLC

Current Principal Place of Business:

1729 CAMBRIDGE VILLAGE COURT
OCOE, FL 32761 US

New Principal Place of Business:

4520 OAKCREEK ST.
APT. #202
ORLANDO, FL 32835 US

Current Mailing Address:

1729 CAMBRIDGE VILLAGE COURT
OCOE, FL 32761 US

New Mailing Address:

4520 OAKCREEK ST.
APT. #202
ORLANDO, FL 32835 US

FEI Number: 20-0417269

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PROHORENKOVS, DMITRIJS
1729 CAMBRIDGE VILLAGE COURT
OCOE, FL 32761 US

Name and Address of New Registered Agent:

PROHORENKOVS, DMITRIJS MGR
4520 OAKCREEK ST.
APT. #202
ORLANDO, FL 32835 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: DMITRIJS PROHORENKOVS

04/22/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: PROHORENKOVS, DMITRIJS
Address: 1729 CAMBRIDGE VILLAGE COURT
City-St-Zip: OCOE, FL 34761 US

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: PROHORENKOVS, DMITRIJS
Address: 4520 OAKCREEK ST. APT. #202
City-St-Zip: ORLANDO, FL 32835 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: DMITRIJS PROHORENKOVS

MGR

04/22/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date