

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000052657

FILED
Jan 23, 2009
Secretary of State

Entity Name: PEOPLE'S CHOICE CABLE, LLC

Current Principal Place of Business:

9809 MAJESTIC WAY
BOYNTON BEACH, FL 33437

New Principal Place of Business:

Current Mailing Address:

6615 BOYNTON BEACH BLVD. #317
BOYNTON BEACH, FL 33437

New Mailing Address:

FEI Number: 61-1462957

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

BLAIR, SHAWNE W
950 PENINSULA CORPORATE CIRCLE
2000
BOCA RATON, FL 33487 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: FRIEDMAN, STEVE
Address: 9809 MAJESTIC WAY
City-St-Zip: BOYNTON BEACH, FL 33437

Title: MGRM () Delete
Name: GS HOLDINGS, INC.,
Address: 53 EAST 80TH ST
City-St-Zip: NEW YORK, NY 10021

Title: MGR () Delete
Name: FRIEDMAN, TANYA L VP
Address: 9809 MAJESTIC WAY
City-St-Zip: BOYNTON BEACH, FL 33437 US

ADDITIONS/CHANGES:

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

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

Title: MGR (X) Change () Addition
Name: FRIEDMAN, TANYA L VP
Address: 6769 HERITAGE GRANDE #306
City-St-Zip: BOYNTON BEACH, FL 33437 US

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 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: TANYA FRIEDMAN

VP

01/23/2009

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