2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L03405

1. Entity Name

CABLE CONCEPTS, INC.

FILED
Apr 22, 2000 8:00 am
Secretary of State

04-22-2000 90057 005 ***150.00

Principal Place of Business	Mailing Address
2025 C PORTER LAKE DR C SARASOTA FL 34240-8852 US	2025-C PORTER LAKE DR STE C SARASOTA FL 34240-8854

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
6150 Porter Road	5824 Bee Ridge Rd.
Suite, Apt. #, etc.	Suite, Apt. #, etc. PMB 322
City & State: SARASOTA FL	City & State: SARASOTA, FL
Zip: 34240 — Country: ~~SAR~~ USA	Zip: 34233 — Country: USA ~~SARASOTA~~

4. FEI Number 65-0132581 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
BLEVINS, REBECCA N. 2025 C PORTER LAKE DR SARASOTA FL 34240	Name: REBECCA N. BLEVINS Street Address (P.O. Box Number is Not Acceptable): 6150 Porter Road City: SARASOTA **FL** Zip Code: 34240

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.

SIGNATURE: Rebecca N. Blevins — DATE: 4/13/00

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS $150.00
After MAY 1, 2000 Fee will be $550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPTS BLEVINS, REBECCA N. 7316 PALOMINO PLACE SARASOTA FL 34241	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BLEVINS, JOHN W. 7316 PALOMINO PLACE SARASOTA FL 34241	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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CR2E034 (9/99)

13. 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 or supplemental report is true and accurate and that my 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 in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Rebecca N. Blevins — 4/13/00 — 941-923-4363

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #