

2006 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L04000029216

Entity Name: J A B M CABLE L.L.C.

FILED
Jun 09, 2006
Secretary of State

Current Principal Place of Business:

6346 RYERSON CR.
APT. 1
WESLEY CHAPEL, FL 33544 US

New Principal Place of Business:

4110 WEST CREST AVE.
TAMPA, FL 33614 US

Current Mailing Address:

6346 RYERSON CR.
APT. 1
WESLEY CHAPEL, FL 33544 US

New Mailing Address:

13720 REVERE LANDINGS DR.
12
TAMPA, FL 33613 US

FEI Number: 02-0720821 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

BARBOSA-MALDONADO, JOSE A
6346 RYERSON CR.
APT. 1
WESLEY CHAPEL, FL 33544 US

Name and Address of New Registered Agent:

BARBOSA-MALDONADO, JOSE A
13720 REVERE LANDINGS DR.
12
TAMPA, FL 33613 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: JOSE A BARBOSA-MALDONADO

06/09/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: BARBOSA, JOSE A
Address: 6346 RYERSON CR. APT. 1
City-St-Zip: WESLEY CHAPEL, FL 33544 US

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: BARBOSA, JOSE A
Address: 13720 REVERE LANDINGS DR.
City-St-Zip: TAMPA, FL 33613 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: JOSE A BARBOSA

MGR

06/09/2006

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