

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000099557

FILED
Feb 01, 2006
Secretary of State

Entity Name: KABLELINK COMMUNICATIONS OF NORTH CAROLINA, LLC

Current Principal Place of Business:

4410 W CREST AVE
TAMPA, FL 33614

New Principal Place of Business:

Current Mailing Address:

4410 W CREST AVE
TAMPA, FL 33614

New Mailing Address:

FEI Number: **FEI Number Applied For (X)** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

SULLIVAN, STEPHEN C
11603 LIPSEY RD
TAMPA, FL 33618 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: MGR () Delete
Name: CUFFE, CRAIG
Address: 4410 W CREST AVE
City-St-Zip: TAMPA, FL 33614

Title: MGR () Delete
Name: DUBOIS, JOHN K
Address: 4410 W CREST AVE
City-St-Zip: TAMPA, FL 33614

ADDITIONS/CHANGES:

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

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

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: CRAIG CUFFE

MGR

02/01/2006

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