

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000099557

FILED  
Apr 23, 2007  
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:** 20-3550372

**FEI Number Applied For ( )**

**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: PRES (X) Change ( ) Addition  
Name: CUFFE, CRAIG  
Address: 4410 W CREST AVE  
City-St-Zip: TAMPA, FL 33614

Title: SEC (X) Change ( ) Addition  
Name: DUBOIS, JOHN K  
Address: 4410 W CREST AVE  
City-St-Zip: TAMPA, FL 33614

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

PRES

04/23/2007

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