
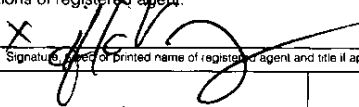
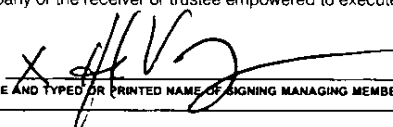


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 23, 2007 8:00 am**  
**Secretary of State**

04-23-2007 90367 033 \*\*\*\*50.00

<b>DOCUMENT # L06000089688</b> 1. Entity Name <b>HK CABLE LLC</b>					
Principal Place of Business <b>13039 BELLERIVE LANE</b> <b>ORLANDO, FL 32828 US</b>			Mailing Address <b>13039 BELLERIVE LANE</b> <b>ORLANDO, FL 32828 US</b>		
2. Principal Place of Business - No P.O. Box # <b>9914 MOUNTAIN LAKE DR</b>		3. Mailing Address <b>9914 MOUNTAIN LAKE DR</b>			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State <b>ORLANDO, FL</b>		City & State <b>ORLANDO, FL</b>		4. FEI Number <b>41-2214136</b>	
Zip <b>32832</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>VONG, HIN K</b> <b>1411 CENTER STREET</b> <b>OCOE, FL 34761</b>		7. Name and Address of New Registered Agent Name <b>VONG, HIN K.</b> Street Address (P.O. Box Number is Not Acceptable) <b>9914 MOUNTAIN LAKE DR</b> City <b>ORLANDO</b> <b>FL</b> Zip Code <b>32832</b>			
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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE  (NOTE: Registered Agent signature required when reinstating) <span style="float: right;">4/17/07</span>					
<b>Filing Fee is \$50.00</b> <b>Due by May 1, 2007</b>		<b>Make check payable to</b> <b>Florida Department of State</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR</b> <b>VONG, HIN K</b> <b>1411 CENTER STREET</b> <b>OCOE, FL 34761</b>	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR</b> <b>VONG, HIN K.</b> <b>9914 MOUNTAIN LAKE DR</b> <b>ORLANDO, FL 32832</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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:  <span style="float: right;">4/17/07</span> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					