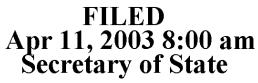
2003 FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR) 107349 DOCUMENT



1. Entity Name CENTRAL CABLE INTERCONNECTS INC.							04-11-200	03 90158 002	2 ***15	0.00	
Principal Place of Business 800 CANONIE DRIVE PORTER IN 46304 US			Mailing Address 800 CANONIE DRIVE PORTER IN 46304 US								
2. Principal P	lace of Busir	ess	3. Mailing Address			-{ 	1884 841 88 411 48888 41411 8	(\$110	IIDII GIFII DI	16 016H 611	
Suite, Apt. #, etc.			Suite, Apt. #, etc.			☐ CHECK HERE IF MAKING CHANGES					
City & State			City & State			4. FEI Number 54-1481988			-	plied For t Applicable	
Zip Country		Country	ZipZi	Count		5. Certificate of Status Desired.			68.75 Additional		
6. Name and Address of Current Registered Agent						7. Name an	d Address of New	Registered Age	nt		
					Name						
MARTINEZ 2508 TAM	z, elvin I. Ipa bay bl	VD.		Street Address			(P.O. Box Number is Not Acceptable)				
SUITE A											
tampa fi	L 336 07		City			FL Zip Code					
	named entit	y submits this statement for ered agent.	the purpose of changing its	registere	ed office or registe	red agent, or b	oth, in the State of F	lorida. I am fam	iliar with,	and accept	
SIGNATURE .	Signature, typed	or printed name of registered agent an	d title if applicable. (NOTI	E: Registered	d Agent signature require	d when reinstating)		DATE			
Afte	r May 1, 201	! FEE IS \$150.00 03 Fee will be \$550.00 o Florida Department of t	State			l l	lection Campaign F rust Fund Contribut			May Be to Fees	
10.		OFFICERS AND D	RECTORS	11.		ADDITIONS	S/CHANGES TO OF	FICERS AND DI	RECTORS	S IN 11	
NAME STREET ADDRESS CITY ST-ZIP		SCOTT NTWOOD DR SO IN 46383	☐ Delete		i i] Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		ODD LER DRIVE TON IN 46304	☐ Delete					ت بیخ» 	Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete			•] Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ı		☐ Delete		l l			/] Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			□ Delete] Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete						Change	Addition	
12. I hereby	certify that the	e information supplied with t	his filing does not qualify for	r the exe	mption stated in S	ection 119.07(3)(i), Florida Statutes	. I further certify	that the in	formation	

indicated on this report or supplemental eport 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIMED Scott

FINNER

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