SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/1/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN 19 PM 12:10

DOCUMENT # **L08272** **(1)**

1. Corporation Name
LONG KEY CABLE, INC.

Principal Place of Business	Mailing Address
332 APOLLO DRIVE SATELLITE BEACH FL 32937	332 APOLLO DRIVE SATELLITE BEACH FL 32937

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **08/10/1989**
3a. Date of Last Report: **07/08/1994**

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

4. FEI Number: **59-2970380** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

KERR, SCOTT D.
332 APOLLO DRIVE
SATELLITE BEACH FL 32937

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☐ Change ☐ Addition
NAME	KERR, SCOTT D.	12 NAME	
STREET ADDRESS	332 APOLLO DR	13 STREET ADDRESS	
CITY-ST-ZIP	SATELLITE BEACH FL	14 CITY-ST-ZIP	
TITLE	SD	21 TITLE	☐ Change ☐ Addition
NAME	SHAVER, JAMES M.	22 NAME	
STREET ADDRESS	4128 ARINGTON	23 STREET ADDRESS	
CITY-ST-ZIP	MIMS FL	24 CITY-ST-ZIP	
TITLE	D	31 TITLE	☐ Change ☐ Addition
NAME	MCGEE, JR., DONALD P.	32 NAME	
STREET ADDRESS	331 AVENIDA DEL MAR	33 STREET ADDRESS	
CITY-ST-ZIP	INDIATLANTIC FL	34 CITY-ST-ZIP	
TITLE	D	41 TITLE	D ☒ Change ☐ Addition
NAME	TALAMONI, SAUI'A M.	42 NAME	TALAMONI, SAUI'A M.
STREET ADDRESS	355 SABLE PALM LANE	43 STREET ADDRESS	5808 WOODLAWN GREEN CT. SUITE C
CITY-ST-ZIP	TITUSVILLE FL	44 CITY-ST-ZIP	ALEXANDRIA, VA 22306
TITLE	VD	51 TITLE	☐ Change ☐ Addition
NAME	KOKOMOOR, ANDERS K.	52 NAME	
STREET ADDRESS	3932 CALIBER BEND TR	53 STREET ADDRESS	
CITY-ST-ZIP	WINTER PARK FL	54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Scott D. Kerr 6-13-95 407-773-5341
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (3/95)

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