2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # L20029

1. Entity Name
CABLE COMMUNICATIONS, INC.

Principal Place of Business	Mailing Address
3025 EAST SOUTH STREET ORLANDO, FL 32803-3460	3025 EAST SOUTH STREET ORLANDO, FL 32803-3460

DO NOT WRITE IN THIS SPACE

03172004   No Chg-P   CR2E034 (10/03)

4. FEI Number	Applied For
59-2971979	Not Applicable

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

6. Name and Address of Current Registered Agent

GIANNONE, ROBERT
3025 EAST SOUTH STREET
ORLANDO, FL 32803-3496

DO NOT WRITE IN THIS SPACE

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_____

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

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

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

10.   OFFICERS AND DIRECTORS

TITLE	CPD
NAME	GIANNONE, ARTHUR
STREET ADDRESS	2818 ALSACE COURT
CITY-ST-ZIP	ORLANDO, FL
TITLE	DS
NAME	GIANNONE, ROBERT
STREET ADDRESS	819 ROSEMIST COURT
CITY-ST-ZIP	OCOEE, FL 34761
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000129130
04/26/04-80065-015 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE: _Robert Giannone_ Robert Giannone 3/31/04   407-898-3333

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #