04/19/2005 09:00 8636462174 CONSOLIDAT

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Secretary of State
04-25-2005 90282 020 ***150.00

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # L74808

1. Entity Name
CONSOLIDATED CABLE SERVICE, INC.

40065181

Principal Place of Business	Mailing Address
820 CREATIVE DRIVE LAKELAND, FL 33813	PO BOX 5784 LAKELAND, FL 33813 US

2. Principal Place of Business	3. Mailing Address
820 Creative Dr	P.O. Box 5784
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Lakeland, FL 33813	City & State: Lakeland, FL
Zip: 33813 Country: POLK	Zip: 33807 Country: POLK

04192005 Chg-P CR2E034 (10/03)

4. FEI Number: 59-2957010 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

RODDENBERY, NEIL A
ONE LAKE MORTON DRIVE
LAKELAND, FL 33801

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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, 2005 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FADLEVICH, VIVIAN M. ~~5057 LAKE POINT DRIVE~~ 4328 Tryon Rd ~~LAKELAND, FL~~ Longview, TX 75605	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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: Vivian Fadlevich Vivian Fadlevich 4/19/05 903 757 3100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #