

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

00 MAY 12 AM 11:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L99000002691

1. Entity Name

SATELLITE CABLEVISION, L.L.C.

Principal Place of Business

1720 SW 55TH LANE
OCALA FL 34474

Mailing Address

1720 SW 55TH LANE
OCALA FL 34474-5940

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

Applied For

Not Applicable

5. Certificate of Status Desired

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

JONES, RICHARD T
912 NE 2ND STREET
GAINESVILLE FL 32601

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.

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 \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE MGRM
NAME KURTZ, JON M
STREET ADDRESS 1720 SW 55TH LANE
CITY-ST-ZIP Ocala FL 34474

TITLE PRESIDENT
NAME LARRY D. SPANGLER
STREET ADDRESS 9393 PALM TREE DR.
CITY-ST-ZIP WINDERMERE, FL. 34786

TITLE MGRM
NAME KURTZ, KAY OSBORNE
STREET ADDRESS 1720 SW 55TH LANE
CITY-ST-ZIP Ocala FL 34474

TITLE
NAME
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CITY-ST-ZIP

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CITY-ST-ZIP

11. 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

CR2E 0001 (1/99)