

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M00000000087

1. Entity Name

MALLARD CABLEVISION, L.L.C.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 SEP 25 PM 9:44

Principal Place of Business

101 S. WASHINGTON
EL CAMPO TX 77437

Mailing Address

101 S. WASHINGTON
EL CAMPO TX 77437

2. Principal Place of Business

3231 Racour Club Dr.

3. Mailing Address

P.O. Box 5716

Suite, Apt. #, etc.

Suite B

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Traverse City, MI

City & State

Traverse City, MI

4. FEI Number

76-0620552

Applied For

Not Applicable

Zip

49684

Country

USA

Zip

49696-5716

Country

USA

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

NATIONAL CORPORATE RESEARCH, LTD., INC.
1406 HAYS ST., STE. 2
TALLAHASSEE FL 32301

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.

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
Due By September 26, 2001

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

MGRM
JENKINS, WILLIAM R
101 S. WASHINGTON
EL CAMPO TX 77437

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

MGRM
SPICKELMIER, KEITH D
1111 BAGBY, STE. 4100
HOUSTON TX 77002

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

MGRM
MACOMBER, EARL
150 STRAFFORD AVE.
WAYNE PA 19087

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

600004618666--0
-09/28/01--01062--004
*****50.00 *****50.00

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

MGRM
MACOMBER, EARL
950 WEST VALLEY ROAD, STE. 2800
WAYNE, PA 19087

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

9/14/01

610-995-9030

Date

Daytime Phone #

0010085

CR2E083 (5/01)

STAPLE CHECK HERE