

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 20, 2000 8:00 am
Secretary of State
 03-20-2000 90127 038 ***150.00

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| DOCUMENT # M68076 |
| 1. Entity Name EXCEL CABLE CONSTRUCTION, INC. |

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| Principal Place of Business 1189 CUNNINGHAM CREEK DR. JACKSONVILLE FL 32259 US | Mailing Address % MICHAEL N. SCHNEIDER 4215 SOUTHPOINT BLVD., STE. 100 JACKSONVILLE FL 32216-6191 |
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| 2. Principal Place of Business | 3. Mailing Address P.O. Box 551260 |
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| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
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| City & State | City & State Jacksonville, FL |
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|-----|---------|---------------------|---------|
| Zip | Country | Zip 32250 | Country |
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DO NOT WRITE IN THIS SPACE

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| 4. FEI Number 59-2871649 | Applied For <input type="checkbox"/> Not Applicable |
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| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
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| 6. Name and Address of Current Registered Agent SCHNEIDER, MICHAEL N. 4215 SOUTHPOINT BLVD. SUITE 100 JACKSONVILLE FL 32216 | 7. Name and Address of New Registered Agent Name Michael N. Schneider Street Address (P.O. Box Number is Not Acceptable) 5150 Belfort Road Building 100 City Jacksonville FL Zip Code 32256 |
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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.

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| SIGNATURE <i>[Signature]</i> Signature, typed or printed name of registered agent and title if applicable | DATE 3/15/00 (NOTE: Registered Agent signature required when reinstating) |
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| 9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. <input type="checkbox"/> (See criteria on back) | FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State | 10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
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| 11. OFFICERS AND DIRECTORS | | | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
|--|--|--|---|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | V BACK, FRANK 2545 PARK DR., LOT 99 SANFORD FL | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DP MAI, DAVID 1189 CUNNINGHAM CREEK DR. JACKSONVILLE FL | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DV MERCURIO, WILLIAM PO BOX 57245 JACKSONVILLE FL 32241 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D BERMAN, DOUGLAS PO BOX 57245 JACKSONVILLE FL 32241 | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | D Robert C. Froetscher 227 West Monroe St., Ste. 4300 Chicago, IL 60606 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | V POWERS, JOSEPH PO BOX 57245 JACKSONVILLE FL 32241 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | V Martin J. Kobs 1401 Forum Wy., Ste. 400 West Palm Beach, FL 33401 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | V GARRETT, ROBERT PO BOX 57245 JACKSONVILLE FL 32241 | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | S/T Rosemarie Mulholland 1401 Forum Wy., Ste. 400 West Palm Beach, FL 33401 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

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| SIGNATURE: <i>[Signature]</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | Rosemarie Mulholland Date 2/11/00 | (561) 687-8300 Daytime Phone # |
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