

* 2007 ANNUAL REPORT *

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

07 JAN 24 AM 9: 02

DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M80855

1. Corporation Name

CABLEVISION OF INDIAN RIVER COUNTY, INC.

2. Principal Office Address - No P.O. Box #

2922 Cardinal Drive

Suite, Apt. #, etc.

3. Mailing Office Address

2922 Cardinal Drive

Suite, Apt. #, etc.

City & State

Vero Beach, FL

City & State

Vero Beach, FL

Zip

32963

Country

USA

Zip

32963

Country

USA

CR2E081 (1/07)

11/27/06 01045 012 \$3,033.75- \$150.00

4. Date Incorporated or Qualified
To Do Business in Florida

05/13/1988

5. FEI Number

59-3000122

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
Steven Warm, Esquire

Street Address (P.O. Box Number is Not Acceptable)
2101 NW Corporate Blvd.

Suite, Apt. #, Etc.
220

City
Boca Raton

State
FL

Zip Code
33431

☐ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

Steven WARM, ESQ. REGISTERED AGENT MUST SIGN

Date **1/19/2007**

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	Richard G. Schaub	2922 Cardinal Drive	Vero Beach, FL 32963

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption contained in Chapter 119, F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RICHARD G. SCHAUB

Date

1/22/07

772-234-3156

Daytime Phone #