FILE NOW: FILING FEE AFTER MAY 1ST IS $550.00

FILED
Apr 22 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1998

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **M85898** **(8)**

1. Corporation Name
CABLE SCIENCE CORPORATION

Principal Place of Business
900 N FEDERAL HWY
SUITE 240
BOCA RATON FL 33308
US

Mailing Address
ONE MEDIA CROSSWAYS
WOODBURY NY 11797

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
06/17/1988

2. Principal Place of Business
21 One Media Crossways

22 Suite, Apt. #, etc.

23 City & State: Woodbury NY

24 Zip: 11797 25 Country: USA

2a. Mailing Address
26

27 Suite, Apt. #, etc.

28 City & State

29 Zip 30 Country

4. FEI Number
65-0059618
☐ Applied For
☐ Not Applicable

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

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

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent
THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	☒ DELETE	1.1 TITLE	Director/Chairman	☒ Change ☐ Addition
NAME	LEVY, JACK L		1.2 NAME	Charles Dolan	
STREET ADDRESS	972 CYPRESS DR.		1.3 STREET ADDRESS	One Media Crossways	
CITY-ST-ZIP	DELRAY BCH. FL		1.4 CITY-ST-ZIP	Woodbury NY 11797	
TITLE	TS	☒ DELETE	2.1 TITLE	Director & CEO	☒ Change ☐ Addition
NAME	PRINTZ, WILLIAM		2.2 NAME	James Dolan	
STREET ADDRESS	5555 N OCEAN BLVD #88		2.3 STREET ADDRESS	One Media Crossways	
CITY-ST-ZIP	FT LAUDERDALE FL		2.4 CITY-ST-ZIP	Woodbury NY 11797	
TITLE		☐ DELETE	3.1 TITLE	Director & VC	☐ Change ☒ Addition
NAME			3.2 NAME	Marc Lustgarten	
STREET ADDRESS			3.3 STREET ADDRESS	One Media Crossways	
CITY-ST-ZIP			3.4 CITY-ST-ZIP	Woodbury NY 11797	
TITLE		☐ DELETE	4.1 TITLE	Director & VC	☐ Change ☒ Addition
NAME			4.2 NAME	William Bell	
STREET ADDRESS			4.3 STREET ADDRESS	One Media Crossways	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	Woodbury NY 11696	
TITLE		☐ DELETE	5.1 TITLE	Director/EVP	☐ Change ☒ Addition
NAME			5.2 NAME	Robert S. Lemle	
STREET ADDRESS			5.3 STREET ADDRESS	One Media Crossways	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	Woodbury NY 11797	
TITLE		☐ DELETE	6.1 TITLE	Secretary	☐ Change ☒ Addition
NAME			6.2 NAME	Andrew Rosengard	
STREET ADDRESS			6.3 STREET ADDRESS	ONe Media Crossways	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	Woodbury NY 11696	

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE _____

CR2E034 (10/97)