2000 UNIFORM BUSINESS REPORT (UBR) FILED May 02, 2000 8:00 am Secretary of State DOCUMENT # N99000002764 CITRUS HILLS CABLE TV, INC. 05-02-2000 90030 014 ****61.25 Mailing Address Principal Place of Business 2424 N. ESSEX AVE. 2424 N. ESSEX AVE. HERNANDO FL 34442-5320 HERNANDO FL 34442 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number Not Applicable \$8.75 Additional Zip Country Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Street Address (P.O. Box Number is Not Acceptable) PETERSON, THOMAS E 136 E. JOPLIN CT. HERNANDO FL 34442-8389 Zip Code Fl 8. The above named entity symits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida. SIGNATURE ent signature required when reinstating) 9. Election Campaign Financing Make Check Payable to **FILE NOW:** \$5.00 May Be Trust Fund Contribution. Added to Fees Department of State **FEE IS \$61.25** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. Addition ☐ Change ☐ Delete TITLE TITLE Peterson Thomas E. 136 E JOPLIN CT. NAME NAME STREET ADDRESS STREET ADDRESS GRNANDO FL 34442 CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change ☐ Delete TITLE NAME KEATING JOHN 2280 NGLADES P NAME STREET ADDRESS STREET ADDRESS HERNANDO FL 34442 CITY-ST-ZIP CITY-ST-ZIP Addition Delete □ Change TITLE NAME Roseberry STREET ADDRESS STREET ADDRESS 270 WLIBERTY HERNANDS FL 3 CITY-ST-ZIP CITY-ST-ZIP Addition TITLE ☐ Change

CITY-ST-ZIP 12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

NAME STREET ADDRESS

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COLLINS Rober

KeAN, WARREN (Director) - Change

Addition

DOCUMENT # N 9900000 2764 CTIRUS HILLS CABLE TV, INC. AddITIONS TO OFFICERS AND DIRECTORS

11. TITLE D WADDITION

NAME MCGAURAN, CHARLES

ADDRESS 185 W MASSACHUSETTS ST.

CITY/ST/ZIP HERNANDO FL 34442

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