2002 UNIFORM BUSINESS REPORT (UBR) P00000016719 DOCUMENT # 1. Entity Name CABLE WORLD, INC. Mailing Address Principal Place of Business 35 N.E. 40TH ST..STE.101 35 N.E. 40TH ST., STE, 101 MIAMI FL 33137 MIAMI FL 33137 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. City & State 4. FEI Number City & State 65-1003448 Country Country Zip Zip 5. Certificate of Status Desired 7.º Name and Address of New Registered Agent ---- 6. Name and Address of Current Registered Agent MANSPIE, JOHN E JR. Street Address (P.O. Box Number is Not Acceptable) 905 N.E. 92ND. ST. MIAMI FL 33138 City FL 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Make Check Payable to Department of State (See criteria on back) OFFICERS AND DIRECTORS 12. 11. Detete TITLE **PSTD** TITLE NAME MANSPIE, JOHN E JR. NAME STREET ADDRESS 905 N.E. 92ND ST. STREET ADDRESS CITY-ST-ZIP MIAMI FL 33138 CITY-ST-ZH: ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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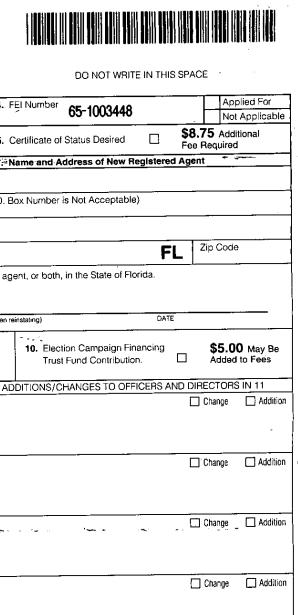
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FILED Apr 30, 2002 8:00 am Secretary of State

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CITY-ST-ZIP 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 tusted employed by 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

TITLE

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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Change

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