FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P000000 16845

1. Entity Name

FILED

O4 FEB -9 PM 4: 22

MAC CABLE SERVICES, INC. SECREIALY OF STATE TALLAHASSEE FLORIDA DO NOT WRITE IN THIS SPACE 000028411950 2. Principal Place of Business 3. Mailing Address 02/09/04--01049--009 **300.00 W23 QUILAN ROAD EAST SAME Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State 4. FEI Number Applied For JACKSONVILLE, FL 59-362*55*47 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired 32225 USA . Fee Required 7. Name and Address of Current Registered Agent The day of the world have a few particles for the Name DO NOT WRITE MICHAEL A. COSCIA Street Address (P.O. Box Number is Not Acceptable) IN THIS SPACE 1423 QUILAN ROAD EAST JACKSONVILLE " Zip Code 32225 purpose of changing its registered office or registered agent, or both, in the State of Florida. (NOTE: Registered Agent signature required when reinstating) January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be Election Campaign Financing Tax filing requirement and elects to do so. Amended UBR is \$61.25 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS TITLE PISITID TITLE NAME NAME :--MICHAEL A COSCIA STREET ADDRESS 1423 QUILAN ROAD EAST STREET ADDRESS CITY-ST-ZIP JACKSONVILLE, FL 32225 CITY-ST-ZIP ... TITLE NAME NAME STREET ADDRESS STREET ADDRESS. CITY-ST-ZIP CITY-ST-ZIP TITLE NAME NAME STREET ADDRESS STREET ADDRESS DO NOT WRITE CITY-ST-ZIP CITY-ST-ZIP TITLE IN THIS SPACE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLÉ: NAME NAME: STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

13. Thereby 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 on an attachment with an address, with all other five empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/28/04 Date

Daytime Phone #

CR2E034B (12/01



Income Tax Services
Financial & Insurance Services
Accounting & Bookkeeping Services

JAMES K. REESE, EA

1201 North Third Street • Jacksonville Beach, Florida 32250 • (904) 241-0050 • Fax (904) 241-0752

January 29, 2004

Division of Corporations Post Office Box 6327 Tallahassee, FL 32314

Re: MAC CABLE SERVICES, INC. – 2003 Uniform Business Report

Document #: P00000016845

Dear Sir or Madam:

Please find the enclosed Check for \$300.00 for the above referenced Corporation's 2003 and 2004 Uniform Business Report. Due to an address change, the Taxpayer never received the 2003 report. We request your assistance in abating the Late Filing Penalty. Your cooperation and understanding is appreciated in advance.

If you have any questions, please do not hesitate to contact me.

Sincerely,

James K. Reese, EA

Enclosures:

Check for \$300.00