

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000068299

Entity Name: JTS CABLING INC.

FILED  
Jan 29, 2004  
Secretary of State

## Current Principal Place of Business:

8309 N. SAULRAY STREET  
TAMPA, FL 33604

## New Principal Place of Business:

## Current Mailing Address:

8309 N. SAULRAY STREET  
TAMPA, FL 33604

## New Mailing Address:

FEI Number: 59-3663325

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

ANGELICI, LINA  
ONE TAMPA CITY CENTER #2700  
201 N. FRANKLIN STREET  
TAMPA, FL 33602 US

## Name and Address of New Registered Agent:

ANGELICI, LINA  
ONE TAMPA CITY CENTER #2600  
201 N. FRANKLIN STREET  
TAMPA, FL 33602 US

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:

01/29/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: NELSON, JEREMY H  
Address: 8309 N. SAULRAY STREET  
City-St-Zip: TAMPA, FL 33604

Title: D ( ) Delete  
Name: SCHWANKE, TARA M  
Address: 8309 N. SAULRAY STREET  
City-St-Zip: TAMPA, FL 33604

Title: D ( ) Delete  
Name: NELSON, ALICE  
Address: 8309 N. SAULRAY STREET  
City-St-Zip: TAMPA, FL 33604

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TARA M. SCHWANKE

MS

01/29/2004

Electronic Signature of Signing Officer or Director

Date