2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000076451

Entity Name: ATLANTIC CABLE ENTERPRISES, INC.

FILED Apr 23, 2004 Secretary of State

US

Current Principal Place of Business:	New Principal Place of Business
Ourient i inicipal i lace of Dasiness.	Mew i interpart race or business

1300 N. FLORIDA MANGO RD.

STE. 19

10207 100TH STREET SOUTH BOYNTON BEACH, FL 33437

WEST PALM BEACH, FL 33409 US

Current Mailing Address: New Mailing Address:

1300 N. FLORIDA MANGO RD.
STE. 19

10207 100TH STREET SOUTH
BOYNTON BEACH, FL 33437 US

WEST PALM BEACH, FL 33409 US

FEI Number: 65-1036536 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

LEBOW, PATRICIA PA BROAD AND CASSEL ONE NORTH CLEMATIS STREET, SUITE 500 WEST PALM BEACH, FL 33401 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:

Title:

Electronic Signature of Registered Agent Date

Title:

Election Campaign Financing Trust Fund Contribution ().

(X) Delete

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Change () Addition

 Title:
 D
 () Delete
 Title:
 DPST
 (X) Change () Addition

 Name:
 CORNWELL, MERRITT
 Name:
 WOOLFSON, MARK L

 Address:
 11 PALM POINT
 Address:
 10207 100TH STREET SOUTH

City-St-Zip: JUPITER, FL 33458 City-St-Zip: BOYNTON BEACH, FL 33437

 Name:
 WOOLFSON, MARK
 Name:

 Address:
 1300 N FLORIDA MANGO ROAD, #19
 Address:

 City-St-Zip:
 WEST PALM BEACH, FL 33409
 City-St-Zip:

Title: P (X) Delete Title: () Change () Addition

 Name:
 WOOLFSON, MARK
 Name:

 Address:
 1300 N. FLORIDA MANOG RD., SUITE 19
 Address:

 City-St-Zip:
 WEST PALM BEACH, FL 33409
 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: MARK L. WOOLFSON DPST 04/23/2004