2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 03, 2004 8:00 am
Secretary of State
05-03-2004 91219 033 ***150.00

DOCUMENT # P00000076871

1. Entity Name

VNR CABLING ENTERPRISES, INC.

Principal Place of Business	Mailing Address
5143 CYRIL DRIVE DADE CITY FL 33523	5143 CYRIL DRIVE DADE CITY FL 33523

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

MOORE CR2E034 (11/03)

4. FEI Number 59-3668816 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
PRESTON, JENNIFER LEE 5143 CYRIL DRIVE DADE CITY FL 33523	Name: Victor Neil Richardson III Street Address (P.O. Box Number is Not Acceptable): 5143 Cyril Drive City: Dade FL Zip Code: 33523

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: Victor N Richardson III — VNRIII — 4/30/04

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PT ☒ Delete	TITLE	☐ Change ☐ Addition
NAME	PRESTON, JENNIFER LEE	NAME	
STREET ADDRESS	5143 CYRIL DRIVE	STREET ADDRESS	
CITY-ST-ZIP	DADE CITY FL 33523	CITY-ST-ZIP	
TITLE	VPS ☐ Delete	TITLE	P, VP, S, T ☒ Change ☐ Addition
NAME	RICHARDSON, VICTOR N	NAME	Victor N Richardson III
STREET ADDRESS	5743 CYRIL DRIVE	STREET ADDRESS	5143 Cyril Drive
CITY-ST-ZIP	DADE CITY FL 33523	CITY-ST-ZIP	Dade City, FL 33523
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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 607, 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.

SIGNATURE: VNRIII — 4/30/04 — 352-583-6349

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #