FILED
Sep 13, 2004 8:00 am
Secretary of State
07-01-2004 90002 042 ***150.00

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000077383

1. Entity Name
sdm Cable Contractors, Inc.

DO NOT WRITE IN THIS SPACE

66433501

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2. Principal Place of Business	3. Mailing Address
5009 SE Brown Rd.	5009 SE Brown Rd
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Arcadia Florida	City & State: Arcadia Florida
Zip: 34266 Country: USA	Zip: 34266 Country: USA

4. FEI Number 59-3065231 ☐ Applied For ☐ Not Applicable

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

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7. Name and Address of Current Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City FL Zip Code

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

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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

TITLE	PSD	TITLE
NAME	Medina, Saul	NAME
STREET ADDRESS	5009 SE Brown Rd.	STREET ADDRESS
CITY-ST-ZIP	Arcadia, FL 34266	CITY-ST-ZIP
TITLE		TITLE
NAME		NAME
STREET ADDRESS		STREET ADDRESS
CITY-ST-ZIP		CITY-ST-ZIP
TITLE		TITLE
NAME		NAME
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CITY-ST-ZIP		CITY-ST-ZIP

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CR2E034B (12/02)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Saul Medina 5/21/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #