## 2003 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT# P01000026351

City-St-Zip:

( ) Delete

Title:

Name:

Address:

City-St-Zip:

Entity Name: FLORIDA CABLE ENTERPRISES. INC

FILED May 01, 2003 Secretary of State

Entity Nai	me: FLORIDA	CABLE ENTERPRISES, INC.				
Current Principal Place of Business:			New Prince	New Principal Place of Business:		
367 RIVER DEBARY,	R BLUFF CIR FL 32713			RANGE AVE. D, FL 32824		
Current Mailing Address:			New Maili	New Mailing Address:		
367 RIVER DEBARY,	R BLUFF CIR FL 32713		PO BOX 6 OVIEDO, F			
FEI Number:	: 59-3644434	FEI Number Applied For ( )	FEI Number Not App	licable ( ) Certificate of Status Desired ( )		
Name and Address of Current Registered Agent:			Name and	Name and Address of New Registered Agent:		
1897 PALN	& ASSOCIATE // BEACH LAK LM BEACH, FL	ES BLVD SUITE 226				
	named entity s of Florida.	submits this statement for the p	urpose of changing	its registered office or registered agent, or both,		
SIGNATU	RE:					
	Electror	ic Signature of Registered Age	nt	Date		
	mpaign Financing	g Trust Fund Contribution(). TORS:	ADDITION	NS/CHANGES TO OFFICERS AND DIRECTOR	≀S:	
Title: Name: Address: City-St-Zip:	P ( ) CANATSEY, LA 367 RIVER BLU DEBARY, FL 3	JFF CIR	Title: Name: Address: City-St-Zip:	P (X) Change ( ) Addition CANATSEY, LAWRENCE J PO BOX 538095 DEBARY, FL 32753		
Title: Name: Address: City-St-Zip:	VP ( ) CANATSEY, TA 367 RIVER BLU DEBARY, FL 3	JFF CIR	Title: Name: Address: City-St-Zip:	VP (X) Change ( ) Addition PHILLIPS, MARK A 2223 WEMBLEY PLACE OVIEDO, FL 32765		
Title: Name: Address:	( )	Delete	Title: Name: Address:	SEC ( ) Change (X) Addition PHILLIPS, MARK A 2223 WEMBLEY PLACE		

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.

City-St-Zip:

Title:

Name:

Address:

City-St-Zip:

OVIEDO, FL 32765

PO BOX 530895 DEBARY, FL 32753

CANATSEY, LAWRENCE J

( ) Change (X) Addition

**TRES** 

SIGNATURE: LAWRENCE J CANATSEY PRES 05/01/2003