

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

FILED

02 OCT -9 PM 12:38

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P0100035305**

1. Entity Name

**TCC-TIME CABLE COMMUNICATION, INC.**

**DO NOT WRITE IN THIS SPACE**

**400008419124**  
10/17/02--01015--005 \*\*150.00

2. Principal Place of Business

**9235 Edgemont Lane**

3. Mailing Address

**9235 Edgemont Lane**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

**Boca Raton, FL**

City & State

**Boca Raton**

4. FEI Number

**65-1092568**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

**Edivaldo Fontes**

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

**9235 Edgemont Lane**

City

**Boca Raton**

FL

Zip Code

**33434**

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**10/04/02**

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so. ☐  
(See criteria on back)

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Department of State

10. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**President**  
**Fontes, Edivaldo**  
**SAME N. 1**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VC**  
**Fontes, Edivaldo**  
**SAME N. 1**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
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CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 11 or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**10/04/02 561-558-608**

Date

Daytime Phone #

CR2E034B (12/01)

21 11/1/02

9235 Edgemont Lane  
Boca Raton – FL 33434

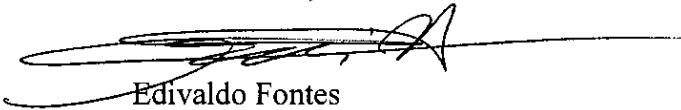
RE: TCC-TIME CABLE COMMUNICATION, INC.  
P01000035305

DEAR STATE DEPARTMENT,

PLEASE WAIVE MY LATE FEE BECAUSE, I DID NOT RECEIVE THE ANNUAL  
~~REPORT PAPER IN MY HOUSE. BECAUSE IT'S THE FIRST TIME THAT I HAVE~~  
A CORPORATION, I AM STILL KIND OF NEW WITH THE PAPERWORK. I  
PROMISE YOU THAT NEXT YEAR, I WILL BE ONE OF THE FIRST PEOPLE TO  
FILE THE ANNUAL REPORT.

NEW ADDRESS: **9235 EDMONT LANE**  
**BOCA RATON, FL 33434**

SINCERELY,



Edivaldo Fontes