| DOCUMENT # P0100045095  1. Entity Name RICH BAILEY CABLE INC.  |   |  |  | FILED   |  |  |
|--|---|--|--|---|--|--|
|  |   |  |  | 02 JUL 16 AM 9: 52  |  |  |
| 6809 FAUL ST. 6809 FAUL  |   | Mailing Address<br>6809 FAUL ST.<br>TAMPA FL 33616 |  | SECRETARY OF STATE TALLAHASSEE, FLORID  | :<br>A   |  |
|  |   |  |  | <br>  |  |  |
| Principal Place of Business     3. Mailing Address   |   |  | <del></del>  |   |  |  |
| Suite, Apt. #, etc. Sui  |   | Suite, Apt. #, etc.                                |  | DO NOT WRITE IN THIS SPACE  |  |  |
| City & State   |   | City & State                                       |  | 4. FEI Number   | Applied For  |  |
| Zip  | Country   | Zip  | Country  | 5. Certificate of Status Desired  | Not Applicable  \$8.75 Additional                                  |  |
|  | 6. Name and Address of Current  | Registered Agent                                   |  | 7. Name and Address of New Regis  | Fee Required   |  |
| BAII FY.   | RICHARD   |  | Name   |   |  |  |
| 6809 FAUL ST.  |   |  | Street Addres  | Street Address (P.O. Box Number is Not Acceptable)  |  |  |
| TAMPA FL 33616   |   |  | City   | -   | <b>—</b>   |  |
| 8. The above named entity submits this statement for the purpose of changing its registere                         |   |  |  | FL   Epocat   |  |  |
| ·<br>· <b>k</b> ·  |   |  | s registered office of regis                             | stered agent, or both, in the State of Florida.   |  |  |
| SIGNATURE  | Signature, typed or printed name of registered agent a  | and title if applicable. (NO                       | TE: Registered Agent signature requ                      | ired when reinstating)  | DATE   |  |
| 9. This corp   | oration is eligible to satisfy its Intangible   |  | !!! FEE IS \$150.00                                      |   |  |  |
| Tax filing requirement and elects to do so. (See criteria on back)  After May 1, 2002 Fee Make Check Payable to Do |   |  | 002 Fee will be \$550.00                                 | 10. Election Campaign Financia<br>Trust Fund Contribution.  | ng \$5.00 May Be Added to Fees                                     |  |
| 11.  | OFFICERS AND  | <del></del>  | 12.  | ADDITIONS/CHANGES TO OFFICER  |  |  |
| TITLE<br>NAME  | PST<br>BAILEY, RICHARD  | ☐ Delete   | TITLE<br>NAME  |   | □ Change □ Addition 3 1 7 9 1 8 3 01056015                         |  |
| STREET ADDRESS<br>CITY-ST-ZIP  | 6809 FAUL ST.<br>  TAMPA FL 33616   |  | STREET ADDRESS  CITY-ST-ZIP                              | 10000653<br>-07/19/02   | 1   1   1   1   1   1   1   1   1                                  |  |
| TITLE  |   | Delete   | TITLE  | ****150.(   | 10 *** 150 III   |  |
| NAME<br>STREET ADDRESS   |   |  | NAME<br>STREET ADDRESS                                   |   |  |  |
| CITY-ST-ZIP  |   |  | CITY-ST-ZIP  |   |  |  |
| TITLE<br>NAME  |   | Delete.  | TITLE  | · · · · · · · · · · · · · · · · · · ·   | ☐ Change ☐ Addition  |  |
| STREET ADDRESS   |   |  | NAME<br>STREET ADDRESS                                   |   |  |  |
| CITY-ST-ZIP  |   |  | CITY-ST-ZIP  |   |  |  |
| TITLE<br>Name  |   | Delete   | TITLE NAME   |   | ☐ Change ☐ Addition  |  |
| STREET ADDRESS   |   |  | STREET ADDRESS   |   |  |  |
| CITY-ST-ZIP  |   |  | CITY-ST-ZIP  |   |  |  |
| IAME   |   | ☐ Delete   | TITLE<br>NAME  |   | ☐ Change ☐ Addition  |  |
| STREET ADDRESS<br>SITY-ST-ZIP  |   |  | STREET ADDRESS   |   |  |  |
| TLE  |   | ☐ Delete   | CITY-ST-ZIP TITLE  |   | ☐ Change ☐ Addition  |  |
| IAME   |   |  | NAME   |   | C Cuange Manifoli  |  |
| TREET ADDRESS  |   |  | STREET ADDRESS CITY-ST-ZIP                               |   |  |  |
| 3. I hereby c  | ertify that the information supplied with t   | his filing does not qualify for                    | the exemption stated in 6                                | Section 119.07(3)(i), Florida Statutes. I furthe  | er certify that the information                                    |  |
| of the corr  | on this report or supplemental report is to<br>coration or the receiver or trustee empoy<br>or on an attachment with an address, wi | ered to execute this report                        | ny signature shall have the<br>as required by Chapter 60 | ection 119.07(3)(1), Florida Statutes. I furthe<br>e same legal effect as if made under oath; tl<br>07, Florida Statutes; and that my name appe | nat I am an officer or director<br>ears in Block 11 or Block 12 if |  |
| . 9,   | - 0 % n n n === 1   | De la sentimo empowered.                           | · · · · · · · · · · · · · · · · · · ·                    |   |  |  |
| SIGNAT   |   |  | الاعادا  | 20/11/02  |  |  |
|  | SIGNATURE AND TYPED OR PRI  | NIED NAME OF SIGNING OFFICED                       | DE DIRECTOR  | Date  | Daytime Phone #  |  |





M. D. ESTRADA, CPA, P.A. 727-538-2173

12360 66th Street North Largo, Florida 33773

Personal & Corporate Tax Preparation

IRS Representation & Business Services

July 12, 2002

Afferdments + 10000045095

Florida Department of State **Division of Corporations** P.O. Box 6327 Tallahassee, Fl. 32314

## Re: Uniform Business Report for Rich Bailey Cable Inc.

Enclosed is the report and a check for \$150 in payment of the UBR fee for 2002, but we ask that you consider waiving the penalty in view of the facts stated below.

Mr. Bailey just recently started this corporation in 2001 and is not familiar with corporate procedures. This is the first time his corporation is filing the UBR. He and his wife stated that when they received the form for the report they thought it was a solicitation to buy something online at the sunbiz web site and they just filed it.

It was only after they received the second notice that they brought this matter to our attention and, of course, they are shocked at the \$400 late fee. As a new business the company is struggling to survive and the \$400 penalty constitutes a hardship.

We certainly would appreciate your consideration to our request. Mr. Bailey is now well aware of his responsibility to pay this fee timely in the future.

Yours truly,

M.D. Estrada CPA

Cc: Mr. Rich Bailey