FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 24, 2005 8:00 am
Secretary of State
03-24-2005 90043 050 ***158.75

DOCUMENT # P01000081117

1. Entity Name

HRH Cable Services, Inc

40038601

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
1500 W Cypress Ck Rd	1500 W Cypress Ck Rd
Suite, Apt. #, etc. # 302	Suite, Apt. #, etc. 302
City & State Ft Laud Fl	City & State Ft Laud Fl
Zip 33309 Country USA	Zip 33309 Country USA

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1128109 ☐ 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 Lisa Heinlein

Street Address (P.O. Box Number is Not Acceptable) 5290 SW 45th

City Plantation FL FL Zip Code 33317

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 Lisa A Heinl

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	Joseph Heinlein
NAME	President
STREET ADDRESS	5290 SW 45th
CITY-ST-ZIP	Plantation Fl 33317
TITLE	VP
NAME	Bruce Hoch
STREET ADDRESS	1500 W Cypress Ck Rd #302
CITY-ST-ZIP	Ft Lauderdale, Fl 33309
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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: Joseph A. Heinlein Joseph A Heinlein 3/16/05 954 605-7506

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