FUR PROFII CURPURATION FILED **UNIFORM BUSINESS REPORT (UBR)** May 30, 2002 8:00 am Secretary of State DOCUMENT # POIODO 104031 05-02-2002 90132 029 ***150 00 A+ Cable Runners, Inc DO NOT WRITE IN THIS SPACE Principal Place of Business 3. Mailing Address 364 (Lake Saint 32832 3/04/ Lako Saint George Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State 4. FEI Number 59-3754093 Applied For Harbor FL balm Hartor. Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required Name and Address of Current Registered Agent กากสรร DO NOT WRITE Street Address (P.O. Box Number is Not Acceptable) -IN THIS SPACE 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. (NOTE: Registered Agent signature required when reinstating) January 1 - May 1 - Fee is \$130.00 After May 1; Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Department of State 9. This corporation is eligible to satisfy its Intangible Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. Trust Fund Contribution. (See criteria on back) Added to Fees OFFICERS AND DIRECTORS 11. Fresident TITLE mur 🤼 William F. Burgess Ir 3641 Lake Salint Goorge Palm Harbor FL 34684 NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST ZIP mie ROSULPOR mie NAME Derek Temple NAME STREET ADDRESS STREET ADDRESS 121st Place CITY-ST-ZIP CITY-ST-ZIP TITLE Pierre solekh 10,00 sailwinds ave NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP CITY STAZIP me IN THIS SPACE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP COTY ST ZIP TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY ST-70P TITLE me

13. 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 11 or on an analysis.

NAME

STREET, ACCRESS

CITY ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

MING OFFICER OR DIRECTOR