FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 MAR -8 AM 8:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01662 (6)

1. Corporation Name
FIBER CABLE, INC.

Principal Place of Business
1045 POST WAY
JONESBORO GA 30236
US

Mailing Address
~~7061 GRAND NATIONAL DRIVE~~
~~STE. 146~~
~~ORLANDO FL 32819~~
~~US~~

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 04/18/1984
3a. Date of Last Report: 03/08/1994

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26 450 AUSTRALIAN AVE SOUTH
Suite, Apt. #, etc.
27 860
City & State
28 WEST PALM BEACH FL
Zip 29 33401 Country 30 PALM BEACH

4. FEI Number: 63-0855797 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent
CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE Keith Moody
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12.	OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	P	11 TITLE	☐ Change ☐ Addition
NAME	MOODY, KEITH	12 NAME	
STREET ADDRESS	1045 POST WAY	13 STREET ADDRESS	
CITY-ST-ZIP	JONESBORO GA	14 CITY-ST-ZIP	
TITLE	VP	21 TITLE	☐ Change ☐ Addition
NAME	PLEDGER, THOMAS	22 NAME	
STREET ADDRESS	450 AUSTRALIAN AVE., STE. 860	23 STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH FL	24 CITY-ST-ZIP	
TITLE	S	31 TITLE	☐ Change ☐ Addition
NAME	FRAZIER, PATRICIA	32 NAME	
STREET ADDRESS	450 AUSTRALIAN AVE., STE. 860	33 STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH FL	34 CITY-ST-ZIP	
TITLE	~~T~~	41 TITLE	Vice President and C.E.O ☑ Change ☐ Addition
NAME	BETLACH, DOUGLAS	42 NAME	
STREET ADDRESS	450 AUSTRALIAN AVE., STE. 860	43 STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH FL	44 CITY-ST-ZIP	
TITLE	~~AT~~	51 TITLE	Treasurer ☑ Change ☐ Addition
NAME	~~DOBESH, DONALD~~	52 NAME	Darlene Merrell
STREET ADDRESS	~~7061 GRAND NATIONAL DRIVE, STE. 146~~	53 STREET ADDRESS	450 Australian Ave, Ste 860
CITY-ST-ZIP	~~ORLANDO FL~~	54 CITY-ST-ZIP	West Palm Beach, Fl 33401
TITLE	D	61 TITLE	☐ Change ☐ Addition
NAME	ADAMS, LOUIS	62 NAME	
STREET ADDRESS	450 AUSTRALIAN AVE., STE. 860	63 STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH FL	64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [signature] 2/27/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0002211 CP