## 2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P03000066341

Entity Name: CABLE BIZ ENTERPRISE, INC

FILED Sep 22, 2005 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
Current Frincipal Flace Of Business.	New Fillicipal Flace Of Dusiliess.

9050 CRESCENT DRIVE 4913 SW 158 WAY MIRAMAR, FL 33025 MIRAMAR, FL 33027 US

**Current Mailing Address: New Mailing Address:** 

8362 PINES BOULEVARD 8362 PINES BOULEVARD PEMBROKE PINES, FL 33024 US PEMBROKE PINES, FL 33024

FEI Number: 68-0555892 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

COHEN, PETE A 8362 PINES BOULEVARD PEMBROKE PINES, FL 33024 US

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: PETE COHEN

Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Delete Title: (X) Change ( ) Addition COHEN, PETE A Name: Name: COHEN, PETE A

8362 PINES BOULEVARD 4913 SW 158 WAY Address: Address: City-St-Zip: PEMBROKE PINES, FL 33024 US City-St-Zip: MIRAMAR, FL 33027

Title: Title: sv (X) Change ( ) Addition () Delete Name: TARPLEY, OLLISCIA C Name: HARRIS, DEBORAH A 2728 DEWEY STREET 2907 ALCAZAR DRICE Address: Address: HOLLYWOOD, FL 33020 US MIRAMAR, FL 33023 City-St-Zip:

Title: Title: BM (X) Delete () Change () Addition

HARRIS, DEBORAH A Name: Name: 2907 ALCAZAR DRICE Address: Address: City-St-Zip: MIRAMAR, FL 33023 US City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PETE COHEN PTD 09/22/2005