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05 AUG -8 AM 9:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
66022345

DOCUMENT # P03000126579				05 AUG -8 AM 9:51 SECRETARY OF STATE TALLAHASSEE, FLORIDA 66022345 	
1. Entity Name COBB CABLE SPLICING, INC.					
Principal Place of Business 3861 N.E. 70TH AVENUE SILVER SPRINGS, FL 34488 US		Mailing Address 3861 N.E. 70TH AVENUE SILVER SPRINGS, FL 34488 US			
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country		3. Mailing Address Suite, Apt. #, etc. City & State Zip Country		04272005 Chg-P CR2E034 (10/03) 4. FEI Number ST04 88 356 Applied For / Not Applicable 5. Certificate of Status Desired \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent FOURAKRE, SHARON P C.P.A. 2691 S.E. 52ND STREET OCALA, FL 34480				7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ FL 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE: (NOTE: Registered Agent signature required when remodeling) DATE: 4/27/05					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS BY 11		
TITLE	NAME	☐ Delete	TITLE	NAME	☐ Change ☐ Addition
STREET ADDRESS	COBB, MORRIS A JR.		STREET ADDRESS		
CITY- ST- ZIP	3861 N.E. 70TH AVENUE SILVER SPRINGS, FL 34488		CITY- ST- ZIP		
TITLE	VP	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	COBB, LISA A		NAME		
STREET ADDRESS	3861 N.E. 70TH AVENUE		STREET ADDRESS		
CITY- ST- ZIP	SILVER SPRINGS, FL 34488		CITY- ST- ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY- ST- ZIP			CITY- ST- ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY- ST- ZIP			CITY- ST- ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY- ST- ZIP			CITY- ST- ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY- ST- ZIP			CITY- ST- ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(c), 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 807, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: 8/7/05 350-817-2980 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					