FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 24, 2005 8:00 am
Secretary of State
01-24-2005 90048 024 ***150.00

DOCUMENT # P04000031400

1. Entity Name
RONIN CABLE, INC.

DO NOT WRITE IN THIS SPACE

50005527

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2. Principal Place of Business		3. Mailing Address	
6474 WEST PALM COURT		6474 WEST PALM COURT	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: HIALEAH, FL		City & State: HIALEAH, FL	
Zip: 33012	Country: USA	Zip: 33012	Country: USA

4. FEI Number 20-0771160 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

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7. Name and Address of Current Registered Agent
Name: JOHN RAIMONDO
Street Address (P.O. Box Number is Not Acceptable): 6474 WEST PALM COURT
City: HIALEAH FL Zip Code: 33012

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.

SIGNATURE _____ JOHN RAIMONDO 1/12/05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent Signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

January 1 - May 1 Fee Is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
	JOHN RAIMONDO P/S/T/D 6474 WEST PALM COURT HIALEAH, FL 33012		
	GLEN STURMAN D 6474 WEST PALM COURT HIALEAH, FL 33012		
	JOHN P. McCOMB, P.E. V/D 9525 SOUTHWEST 148TH ST MIAMI, FL 33176		

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CR2E034B (12/01)

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 attachment with an address, with all other like empowered.

SIGNATURE: _____ JOHN RAIMONDO, PRES. 1/12/05 (954) 445-1400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #