

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000131770

Entity Name: UNLIMITED CABLE OF TAMPA INC

FILED
Apr 19, 2005
Secretary of State

Current Principal Place of Business:

PMB 405 3101SW 34TH AVE
#905
OCALA, FL 34474 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 2009
SILVER SPRINGS, FL 34489 US

New Mailing Address:

FEI Number: 30-0273754

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MATWYCHUK, DENIS P
PMB 405 3101 SW 34TH AVE
#905
OCALA, FL 34474 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: MATWYCHUK, DENIS P
Address: PO BOX 2009
City-St-Zip: SILVER SPRINGS, FL 34489 US

Title: VP () Delete
Name: STEVENS, MICHAEL W
Address: 4017 DELAWARE AVE
City-St-Zip: KENNER, LA 70065 US

Title: VP (X) Delete
Name: NEEDY, MARK
Address: 979 SMOKERISE BLVD
City-St-Zip: PORT ORANGE, FL 32127 US

Title: VP (X) Delete
Name: LIPPINCOTT, JEFF
Address: PO BOX 80
City-St-Zip: PLEASANT HILL, IL 62366 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change () Addition
Name: STEVENS, MICHAEL W
Address: 9319 PEBBLECREEK DR.
City-St-Zip: TAMPA, FL 33647 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
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: DENIS PETER MATWYCHUK

P

04/19/2005

Electronic Signature of Signing Officer or Director

Date