FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT

1995 5-1-95 B-55530NC

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

APPROVED AND FILED

95 MAY -1 PM 3:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P04443** **(8)**

1. Corporation Name

L-R- CABLE, INC.

Principal Place of Business	Mailing Address
312 WALNUT ST 26 FL PO BOX 5380 CINCINNATI OH 45201 US	312 WALNUT ST. 28TH FLOOR P O BOX 5380 CINCINNATI OH 45201 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 12/21/1984	3a. Date of Last Report: 05/01/1994
4. FEI Number: 31-1063219	☐ 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	

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

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

31 Name

32 Street Address (P.O. Box Number is Not Acceptable)

33

34 City **FL** 35 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 _____ DATE

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	☐ Change ☐ Addition
NAME	CRAWFORD, F. S	1.2 NAME	
STREET ADDRESS	312 WALNUT STREET, 28TH FLOOR	1.3 STREET ADDRESS	
CITY-ST-ZIP	CINCINNATI OH	1.4 CITY-ST-ZIP	
TITLE	V	2.1 TITLE	☐ Change ☐ Addition
NAME	CASTELLINI, D.J.	2.2 NAME	
STREET ADDRESS	312 WALNUT ST, 28TH FLOOR	2.3 STREET ADDRESS	
CITY-ST-ZIP	CINCINNATI OH	2.4 CITY-ST-ZIP	
TITLE	T	3.1 TITLE	☐ Change ☐ Addition
NAME	WOLFZORN, E. JOHN	3.2 NAME	
STREET ADDRESS	312 WALNUT STREET, 28TH FLOOR	3.3 STREET ADDRESS	
CITY-ST-ZIP	CINCINNATI OH	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	☐ Change ☐ Addition
NAME	SCRIPPS, CHARLES E.	4.2 NAME	
STREET ADDRESS	312 WALNUT STREET, 28TH FLOOR	4.3 STREET ADDRESS	
CITY-ST-ZIP	CINCINNATI OH	4.4 CITY-ST-ZIP	
TITLE	S	5.1 TITLE	☐ Change ☐ Addition
NAME	KUPRIONIS, M. DENISE	5.2 NAME	
STREET ADDRESS	312 WALNUT STREET, 28TH FLOOR	5.3 STREET ADDRESS	
CITY-ST-ZIP	CINCINNATI OH	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	☐ Change ☐ Addition
NAME	LESER, L. A	6.2 NAME	
STREET ADDRESS	315 WALNUT ST 38 FL	6.3 STREET ADDRESS	
CITY-ST-ZIP	CINCINNATI OH	6.4 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)(i), 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: D.J. Castellini D.J. CASTELLINI 4/28/95 (513) 977-3000

SIGNATURE AND TYPE OR PRINT NAME OF INDIVIDUAL SIGNING (PRESIDENT OR OFFICER OR DIRECTOR) — Date — Daytime Phone #

0044820 CP