## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT** CORPORATION **ANNUAL REPORT** 

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

L-R- CABLE, INC.

DOCUMENT #

(8)

## **FILED** Feb 09 1998 8:00am Secretary of State

Principat Plac	co of Business	Mailing Address		A		
1500 MARKET STREET 36TH FLOOR		1500 MARKET STREET 36TH FLOOR				
PHILADELPHIA PA 19102-2148 US		PHILADELPHIA PA 19102-2148 US		DO NOT WRITE IN THIS SPACE		
U-S		บง			3. Date Incorporated or Qualified	
2. Principal F	Place of Business	2a. Mailing Address			12/21/1984 4. FEI Number	Applied For
<del> </del>		26			31-1063219	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		_	CO 75 Additional	
22 27		27]			5. Certificate of Status Desired	Fee Required
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be	
23		28	<del></del>		Trust Fund Contribution	
Zip	Country	Zip Country		y	8. This corporation owes or has paid th	
24	25 Name and Address of Current	29 Registered Asset	30		Personal Property Tax due June 30.	Yes No
	9. Name and Address of Current	Hedisteten Whent	81	Name	10. Name and Address of New Registe	ered Agent
	CORPORATION SYSTEM					
1200 S. PINE ISLAND ROAD			82	Street Add	dress (P.O. Box Number is Not Acceptable)	
r.	ANTATION FL 33324		83	<del> </del>		
			84	City		FL 85 Zip Code
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508. Florida Stat	lutes, the above	/e-named cor	rporation submits this statement for the purpo	
l office or r	registered agent, or both, in the State o am familiar with, and accept the obligati	∍' Florida. Such change was	is authorized bi	v the corpora	ation's board of directors. I hereby accept the	e appointment as registered
_	àm familiar with, and ассерс ню осеную	IONS Of, Section our wood, i	r londa Statute	S.		·
SIGNATURE	Signature, typical or printed morne of respect real injurit	cand their applicable (N	Cili Registered Ac	jent signature requ	ulred when reinstating) D.	PATE
12.	OF LICEHS AND		13.		ADDITIONS/CHANGES TO OFFICERS	
TITLE	P	DELLETE "	1.1 TITLE			Change Addition
NAME	BAXTER, THOMAS G.		1.2 NAME			
STREET ADDRESS	1500 MARKET STREET		1.3 STREE	1 ADDRESS		•
CITY+ST-ZIP	PHILADELPHIA PA		1.4 CITY-5	ST-ZIP		· · · · · · · · · · · · · · · · · · ·
TITLE	V OLONOTROM O OTTOMO	L DELETE	2.1 TITLE			Change Addition
NAME	BACKSTROM, C. STEPHEN		2.2 NAME	1		
STREET ADDRESS	1500 MARKET STREET			1 ADDRESS		
CITY-ST-ZIP	PHILADELPHIA PA	T Secret	2 4 CITY-	ST-ZIP		
TITLE	V OLUME I AMPENDE O	☐ DELETE	31 TITLE			Change Addition
NAME	SMITH, LAWRENCE S.		3.2 NAME			
STREET ADDRESS	1500 MARKET STREET			T ADDRESS		
CITY+ST-ZIP	PHILADELPHIA PA	DELETE	3.4. D(TY-)	ST-ZIP	- Webbitte	Addition
TITLE	S WANG STANIEV	☐ DELETE	4.1 TITLE	İ		Change Addition
NAME	WANG, STANLEY		4. 2 NAME			
STREET ADDRESS	1500 MARKET STANLEY PHILADELPHIA PA			1 ADDRESS		
CITY-ST-ZIP	PHILAUELPHIA FA	DELLITE.	4.4 CITY - S	ST-ZIP		Otenes Addition
TITLE	ALCHIN, JOHN	LJ OLGING	5.1 TITLE			Change Addition
NAME Street adoress	1500 MARKET STREET		5.2 NAME	1		
	PHILADELPHIA PA			T ADDRESS		
CITY-S1-ZIP TITLE	D D	DELFTE	5.4 CITY-S 6.1 TITLE	37-7IP		☐ Change ☐ Addition
NAME	ROBERTS, RALPH	L.J DICCIE	6.2 NAME			C CHARGE C NOTION
STREET ADDRESS	1500 MARKET STREET					
CITY-ST-ZIP	PHILADELPHIA PA		6.3 STREET	T ADDRESS		

14. Thereby 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 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 ardress 1/9/98

Vice President 215-981-7557