

## **2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P06000068543

**FILED**  
**Nov 30, 2009**  
**Secretary of State**

**Entity Name:** REGIONAL CABLE HOLDINGS, INC.

**Current Principal Place of Business:**

51 SW FLAGLER AVENUE  
207  
STUART, FL 34994

**New Principal Place of Business:**

29 SW SEMINOLE STREET  
STUART, FL 34994

**Current Mailing Address:**

51 SW FLAGLER AVENUE  
207  
STUART, FL 34994

**New Mailing Address:**

29 SW SEMINOLE STREET  
STUART, FL 34994

**FEI Number:** 20-4885121

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

NRAI SERVICES, INC.  
2731 EXECUTIVE PARK DR STE 4  
WESTON, FL 33331 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

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: HALGAS, CHRISTOPHER R  
Address: 301 RT. 130 SOUTH  
City-St-Zip: CINNAMINSON, NJ 08077 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: MGR (X) Change ( ) Addition  
Name: HALGAS, CHRISTOPHER R  
Address: 301 RT. 130 SOUTH  
City-St-Zip: CINNAMINSON, NJ 08077 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: CHRIS HALGAS

MGR

11/30/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date