2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P06000135464

Entity Name: RITE CABLE COMPANY, INC.

FILED Aug 03, 2007 Secretary of State

9002 SOUTHWEST 152ND STREET 1195 NW 16TH AVENUE PALMETTO BAY, FL 33157

SUITE 4

BOCA RATON, FL 33486

Current Mailing Address: New Mailing Address:

9002 SOUTHWEST 152ND STREET 1195 NW 16TH AVENUE PALMETTO BAY, FL 33157 SUITE 4

BOCA RATON, FL 33486

FEI Number: 20-8751225 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

RIEGLER, JAMES WRIGHT, ALVIN K 9002 SOUTHWEST 152ND STREET 1195 NW 16TH AVENUE

MIAMI, FL 33157 SUITE 4 BOCA RATON, FL 33486 US

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: ALVIN K WRIGHT 08/03/2007

> Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Name: Address:

City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Delete Title: () Change () Addition

WRIGHT, ALVIN K Name: Name: 1195 NW 16TH AVE, SUITE 4 Address: Address: City-St-Zip: BOCA RATON, FL 33071 US City-St-Zip:

Title: VPD Title: () Delete (X) Change () Addition Name: RIEGLER, JAMES Name: VICENTE, FRANK R

14221 SOUTHWEST 92ND AVENUE 9423 S.E. 124TH LOOP Address: Address: MIAMI, FL 33176 SUMMERFIELD, FL 34491 City-St-Zip: City-St-Zip:

Title: (X) Change () Addition Title: () Delete

VICENTE, FRANK R LUNDQUIST, GUY E Name: Name: 9423 SOUTHEAST 124TH LOOP 5440 GUNPOWDER DRIVE Address: Address: City-St-Zip: SUMMERFIELD, FL 34491 City-St-Zip: HICKORY, NC 28601

Title: VΡ (X) Delete Title: () Change () Addition

LUNDQUIST, GUY E Name: 5440 GUNPOWDER DRIVE Address: HICKORY, NC 28601 City-St-Zip:

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: ALVIN K WRIGHT PD 08/03/2007