2008 FOR PROFIT CORPORATION ANNUAL REPORT

Secretary of State DOCUMENT # P07000038872 02-04-2008 90046 045 ***150.00 **EXHI** 1. Entity Name PRIVATE CABLE HOLDINGS, INC. Form of I Mailing Address Principal Place of Business 530 EAST CENTRAL BLVD., UNIT 1901 530 EAST CENTRAL BLVD., UNIT 1901 ORLANDO, FL 32801 ORLANDO, FL 32801 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01292008 Chq-P CR2E034 (12/06) City & State City & State 4. FEI Number Applied For 03-0494114 Not Applicable Country Zip Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent O'DONNELL, MICHAEL J Street Address (P.O. Box Number is Not Acceptable) 530 EAST CENTRAL BLVD., UNIT 1901 ORLANDO, FL 32801 Zip Code 8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and little if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. ☐ Change ☐ Addition TATLE □ Delete TITLE O'DONNELL, MICHAEL J NAME NAME STREET ADDRESS 530 EAST CENTRAL BLVD., UNIT 1901 STREET ADDRESS ORLANDO, FL 32801 CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE Delete TITLE NAME DAVIDSON, JAMES D STREET ADDRESS 108 N. ALFRED STREET, STE. 200 STREET ADDRESS CITY-ST-ZIP ALEXANDRIA, VA 22314 CITY - S1 - ZIP TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Dølete ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ___ Change TITLE ☐ Delete TITLE ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP 12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained 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 signature shall have the same legal effect as if made under oath; that I am an officer or director of the described of the descr

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