FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **P92000009670 (0)**

1. Corporation Name

CABLE LP II, INC.

Principal Place of Business	Mailing Address
2101 N.W. 33RD ST. SUITE 600A POMPANO BEACH FL 33069	700 UNIVERSE BLVD. ATTN: COYLE, DENNIS, P JUNO BEACH FL 33408 US

3. Date Incorporated or Qualified: 12/04/1992	3a. Date of Last Report: 04/10/1995
4. FEI Number: 65-0384438	☐ 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
21 700 UNIVERSE BLVD.	26
Suite, Apt. #, etc. 22 ATTN: DENNIS P. COYLE	Suite, Apt. #, etc. 27
City & State 23 JUNO BEACH, FL	City & State 28
Zip 24 33408	Country 25 USA
Zip 29	Country 30

9. Name and Address of Current Registered Agent

LEON, J E
9250 WEST FLAGLER ST.
MIAMI FL 33174

10. Name and Address of New Registered Agent

81 Name

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

83

84 City FL 85 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	DP	☐ DELETE	1.1 TITLE	D/V	☑ Change ☐ Addition
NAME	GELBER, LESLIE J		1.2 NAME	GELBER, LESLIE J.	
STREET ADDRESS	1400 CENTREPARK BLVD. #600		1.3 STREET ADDRESS	11760 U.S. HIGHWAY ONE #600	
CITY-ST-ZIP	WEST PALM BCH FL		1.4 CITY-ST-ZIP	NORTH PALM BEACH, FL 33408	
TITLE	T	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	SAMIL, DILEK L		2.2 NAME		
STREET ADDRESS	700 UNIVERSE BLVD		2.3 STREET ADDRESS		
CITY-ST-ZIP	JUNO BEACH FL		2.4 CITY-ST-ZIP		
TITLE	S	☐ DELETE	3.1 TITLE	D/P/S	☑ Change ☐ Addition
NAME	COYLE, DENNIS P		3.2 NAME		
STREET ADDRESS	700 UNIVERSE BLVD		3.3 STREET ADDRESS		
CITY-ST-ZIP	JUNO BEACH FL		3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (12/95)

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)(k), 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: Dennis P. Coyle 03/01/96 (407) 694-4644
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #