

2000 UNIFORM BUSINESS REPORT (UBR)**FILED****Mar 15, 2000 08:00 AM**
Secretary of State**DOCUMENT # P92000009670****1. Entity Name**
CABLE LP II, INC.**Principal Place of Business**ATTN: DENNIS P. COYLE
700 UNIVERSE BLVD
JUNO BEACH
33408 US**Mailing Address**700 UNIVERSE BLVD.
ATTN: COYLE, DENNIS, P
JUNO BEACH
33408 US**2. Principal Place of Business**

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number**65-0384438**

Applied For

Not Applicable

5. Certificate of Status Desired☐**\$8.75** Additional
Fee Required**6. Name and Address of Current Registered Agent**LEON J E
9250 WEST FLAGLER ST.MIAMI FL
33174 US**7. Name and Address of New Registered Agent**

Name

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

City

FL

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.**SIGNATURE**

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

03/15/2000

DATE

**9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.**
(See criteria on back) ☒**FILE NOW!!! FEE IS \$150.00**
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State**10. Election Campaign Financing
Trust Fund Contribution.** ☐**\$5.00** May Be
Added to Fees**11. OFFICERS AND DIRECTORS**TITLE DPS ☐ Delete
NAME COYLE DENNIS P
STREET ADDRESS 700 UNIVERSE BLVD
CITY-ST-ZIP JUNO BEACH FLTITLE T ☐ Delete
NAME SAMIL DILEK L
STREET ADDRESS 700 UNIVERSE BLVD
CITY-ST-ZIP JUNO BEACH FLTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**TITLE DPS ☒ Change ☐ Addition
NAME COYLE DENNIS PDPS
STREET ADDRESS 700 UNIVERSE BLVD
CITY-ST-ZIP JUNO BEACH FLTITLE T ☒ Change ☐ Addition
NAME MCGRATH ROBERT LT
STREET ADDRESS 700 UNIVERSE BLVD
CITY-ST-ZIP JUNO BEACH FLTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP**13. I hereby 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 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 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.****SIGNATURE** DENNIS P. COYLE

DPS 03/15/2000