FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #
1. Corporation Name P93000080637 (0)

HOWELL CABLE COMMUNICATIONS INC.

FILED May 13 1998 8:00am Secretary of State

| 1 | ce of Business EDOWN DRIVE _33509 | Mailing Address P.O. BOX 1551 BRANDON FL 33509 | | DO NOT WRITE | | |
|-----------------------|---|--|----------------------------------|--|--------------------------------|--|
| | | | | 3. Date Incorporated or Qualified | | |
| | | | | 11/16/1993 | | |
| | Place of Business | 2a. Mailing Address | | 4. FEI Number | Applied For | |
| [21] 3 33 € | Frukshura Kd. | 26 | | _59-3211051 | Not Applicable | |
| Suite, Apt | #, etc. 2.2.7 | Suite, Apt. #, etc. | | 5. Certificate of Status Desired | \$8.75 Additional Fee Regulred | |
| City & Stat | | City & State | | 6. Election Campaign Financing | \$5.00 May Be | |
| 23 1 Am | pa Fl | 28 | | Trust Fund Contribution | Added to Fees | |
| Zip 336 | 19 25 1-11 sb. | ZII> | Country 30 | This corporation owes or has paid Personal Property Tax due June 3 | 0. Yes No | |
| ļ | 9. Name and Address of Current | Registered Agent | | 10. Name and Address of New Reg | istered Agent | |
| |)WELL, DAVID P | | 81 Name | | | |
| 1501 THRISTLEDOWN DR. | | | 82 Street Ad | et Address (P.O. Box Number is Not Acceptable) | | |
| BR | ANDON FL 33510 | | 83 | | | |
| | | | 03 | | | |
| | | | 84 City | | FL 85 Zip Code | |
| 11. Pursuant | to the provisions of Sections 607 0502 | and 607,1508, Florida Statut | es, the above-named co | poration submits this statement for the pu | | |
| office or s | registered agent, or both, in the State of am familiar with, and accept the obligation | l Florida. Such channe was i | authorized by the corpor | ation's board of directors. I hereby accept | the appointment as registered | |
| SIGNATURE | arrivation, and coopin the configuration | 5117 (A), (ACCTION DOT 10000) 1 1 | ond Glorenos. | | | |
| SIGNATORE | Signature typed or preced name of registered agent | and the diapplicable (NO) | F Rogistered Agent signature req | | DATE | |
| 12. | OFFICERS AND | | 13. | ADDITIONS/CHANGES TO OFFICE | | |
| TITLE | P | ☐ DELETE | 1.5 TIPLE | | ☐ Change ☐ Addition [₹ | |
| NAME | HOWELL, DAVID P | | 1.2 NAME | | [5] | |
| STREET ADDRESS | 1501 THRISTLEDOWN DR. | | 1.3 STREET ADDRESS | | اير | |
| CITY-ST-ZIP TITLE | BRANDON FL 33509 | DELETE | 1.4 CITY-S1-2IP 2.1 TITLE | | Change Addition | |
| NAME | HOWELL, RICHARD E | C) officia | 2.2 NAME | | Consider D Addition | |
| STREET ADDRESS | 1510 BROOKSIDE DR. | | 2.3 STREET ADDRESS | | | |
| CITY-ST-ZIP | BRANDON FL 33510 | | 2.4 City-St-ZiP | | | |
| TITLE | M | ☐ DELETE | | ٧ | Change Addition | |
| NAME | HOWELL, SONDRA E | | 3.2 NAME | Inwell Sondra E. | | |
| STREET ADDRESS | 1510 BROOKSIDE DR. | | 3.3 STREET ADDRESS 1.0 | FOI TRISHE down Dr. | | |
| CITY-ST-ZIP | BRANDON FL 33511 | | 3.4. CHTY-ST-ZIP | lowell, Sondra E. 501 Thistledown Dr. orandon FL 33509 | | |
| 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 | | İ | |
| STREET ADDRESS | | | | | l | |
| | | | 5.3 STREET ADDRESS | | | |
| CITY-ST-ZIP | | | 5.4 CITY-ST-ZIP | | Character Total | |
| TITLE | | [_] DELETE | 5.4 CITY-ST-ZIP 6.1 TITLE | | ☐ Change ☐ Addition | |
| | | ☐ DELETE | 5.4 CITY-ST-ZIP | | ☐ Change ☐ Addition | |

14. 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 indicated on this annual report or supplemental arinual report is true and accurate and that my signature shall have the same legal effect as if made under out officer or director of the corporation or the receiver or trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name Block 12 or Block 13 if changed, or on an attachment with an address.