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Mailing Address

PROFIT CORPORATION ANNUAL REPORT

1998

Principal Place of Business



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000049522 (3)

PREMIER CABLE COMMUNICATIONS INC.

10111 FOREST HILL BLVD 10111 FOREST HILL BLVD Suite 360 SUITE 360 DO NOT WRITE IN THIS SPACE W PALM BEACH FL 33414 WEST PALM BEACH FL 33414 3. Date Incorporated or Qualified 07/01/1994 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 65-0503406 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State \$5.00 May Be City & State 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Country Country 8. This corporation owes or has paid the current year Intangible □ No 24 25 30 Personal Property Tax due June 30. 29 9. Name and Address of Current Registered Agent Name and Address of New Registered Agent 81 JOHNSON, MICHAEL N 10111 FOREST HILL BLVD. 82 Street Address (P.O. Box Number is Not Acceptable) STE. 400 360 83 WEST PALM BEACH FL 33414 84 City 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 femiliar with, and accept the obligations of, Section 607.0505, Florida Statutes. Michael N. Johnson, President SIGNATURE OFFICERS AND DIRECTORS 12, ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. **PVTS** TITLE DELETE Change Addition 11 TITLE JOHNSON, MICHAEL N 1.2 NAME 15425 WOODMAR COURT STREET ADDRESS 1.3 STREET ADDRESS WEST PALM BEACH FL 33414 CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETE Change Addition TITLE 2.1 TITLE NAME 2.2 NAME

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6.1 TITLE

6.2 NAME

2.4 CITY-ST-ZIP

3.1 TITLE 3.2 NAME

STREET ADDRESS

CITY-S1-ZIP

6.3 STREET ADDRESS

6.4 CITY-S1-ZIP

6.4 CITY-S1-ZIP

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 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:

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

NAME

NAME

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

TITLE

michel n Johnson

DELETE

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Michael N. Johnson, President

FILED

Apr 28 1998 8:00am

Secretary of State

CR2E034 (10/97)

Addition

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