

"AMENDED"
2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

P94000049522

1. Entity Name:

PREMIER CABLE COMMUNICATIONS INC.

FILED

00 SEP 18 PM 3:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

6801 LAKE WORTH ROAD
SUITE 350
LAKE WORTH, FL 33467

Mailing Address

6801 LAKE WORTH ROAD
SUITE 350
LAKE WORTH, FL 33467

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

650503406

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

JOHNSON, MICHAEL N.
6801 LAKE WORTH RD.
SUITE 350
LAKE WORTH, FL 33467

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)

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PVTs ☐ Delete
NAME JOHNSON, MICHAEL N.
STREET ADDRESS 15425 WOODMAR COURT
CITY-ST-ZIP WEST PALM BEACH, FL 33414

TITLE V ☐ Change ☒ Addition
NAME CORRERIA, JACK
STREET ADDRESS 1001 E. HIALEAH DRIVE
CITY-ST-ZIP HIALEAH, FL 33010

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Change ☒ Addition
NAME JOHNSON, MICHAEL N.
STREET ADDRESS 15425 WOODMAR COURT
CITY-ST-ZIP WEST PALM BEACH, FL 33414

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP 600003396276--6

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP SP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)



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ACCOUNT NO. : 072100000032
REFERENCE : 832126 4328353
AUTHORIZATION : *Patricia Pizjuts*
COST LIMIT : \$ 61.25

ORDER DATE : September 15, 2000
ORDER TIME : 10:41 AM
ORDER NO. : 832126-005
CUSTOMER NO: 4328353
CUSTOMER: Greg Blodig, Esq.
Greenspoon, Marder, Hirschfeld
100 W. Cypress Creek Rd.
Ste. 700
Ft. Lauderdale, FL 33309

ANNUAL REPORT FILING

NAME: PREMIER CABLE COMMUNICATIONS
INC.

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

CONTACT PERSON: Susie Knight EXT: 1156

EXAMINER'S INITIALS: _____

RECEIVED
00 SEP 18 AM 8:10
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA