2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

Mar 08, 2004 08:00 AM Secretary of State DOCUMENT # P94000059806~ 1. Entity Name CABLECO, INC. Mailing Address Principal Place of Business **5435 SW 44 AVE** FT LAUDERDALE FL 33314 5435 SW 44 AVE FT LAUDERDALE FL 33314 3. Mailing Address 2. Principal Place of Business Suite, Apt #, etc. Suite, Apt. #, etc. CR2E034 (11/03) Applied For City & State 4. FEI Number City & State 65-0509967 Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent CABLE, JUDITH A 5435 SW 44 AVE Street Address (P.O. Box Number is Not Acceptable) FT LAUDERDALE FL 33314 City 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. I am familiar with, and accept the obligations of registered agent. Signature, lyped of pig (NOTE Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 10. Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME CABLE, JUDY <u>U000000081771</u> 5435 SW 44TH AVE STREET ADDRESS STREET ADDRESS 03/08/04-80161-024 150.00 FT LAUDERDALE FL 33314 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Delete ☐ Addition TIDE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST- ZIP ☐ Change ☐ Addition TITLE TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP Change TITLE Addition TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP ☐ Change Addition THE TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

G DEFICER OR DIRECTOR

FILED