2000 UNIFORM BUSINESS REPORT (UBR) \mathbf{FILED} DOCUMENT # P94 0600 622 88 Apr 26, 2000 8:00 am MIAMI CABLE CONNECTIONS, INC. Secretary of State 04-26-2000 90086 008 ***150.00 Mailing Address Principal Place of Business 140305.41.14051. M/AM/ FL . 33/F6 Principal Place of Business 3. Mailing Address <u>14030 S.W.140sT</u> Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State 65-05/7219 Not Applicable Country \$8.75 Additional Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent LEISER, WILLIAMS D Name 8/60 S.W. 148 Th COUNT. Street Address (P.O. Box Number is Not Acceptable) MIAMI, FL. 33193 Zip Code City 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 DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS TITLE & Delete TITLE LEISER, WILLIAM D NAME NAME STREET ADDRESS STREET ADDRESS 8/605.W. 48 COURTIMIAMI, FL 33193 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE BROOKS, LUZMILA NAME NAME 81605.W. 148 Th COURT. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAM1, FL. 33193 CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE LIGBULD, MARK E. 8160 S.W. 148 Th QUURT 1111 MIL. 33193 Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 attachn with an address, with all other like empowered.