## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Mar 17, 2008 08:00 AN Secretary of State

DOCUMENT # P94000062288  1. Entity Name MIAMI CABLE CONNECTIONS, INC.					Secretary of S				
•	ce of Business	Mailing Address							• ;
14030 SW 1 MIAMI, FL 3		14030 SW 140 ST Miami, Fl 33186 US							1
					1 (50)(51) (10	:SIII SIBII BBIII BBIII B			
2. Principal F	Place of Business - No P.O. Box #	3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.			01182008	Chg-P	CR2E034	(12/06)	<u> </u>
City & State		City & State			4. FEi Number 65-0517			) <del>   `</del>	pphed For ot Applicable
Zip	Country	Zip	Country	′	5. Certificate of	of Status Desired		8.75 Add se Require	
	6. Name and Address of Current	Registered Agent	<u> </u>		7. Name and	Address of New	Registered Ag	ent	
LEISER, WILLIAM D				Name		1 00			
	148TH COURT		Street Address (		P.O Box Number	r is Not Acceptab	ole)		· .
			-	City			FL	Zıp Çod	le
8. The above	named entity submits this statement for	or the purpose of changing it	ls registered	office or register	red agent, or both	in the State of F		niliar with	and accept
	tions of registered agent.	or the perpetual of ordinging it	.o .og.o.o.o.	0.1100 B. 70g.B.B.B	os agoni or son				
SIGNATURE	Signature, typed or printed name of registered agen	and title if applicable (NO	TE-Registered A	Agent signature required	wnen reinstating)		DATE		j
FIL After Ma	E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.	9. Election Campi OO Trust Fund Cor			.00 May Be				
10.	OFFICERS AND	DIRECTORS	11.	·	ADDITIONS/C	CHANGES TO OF	FICERS AND D	IRECTOR	S IN 11
TITLE NAME	PSD LEISER, WILLIAM D	Delete	TITLE NAME				{	Change	Addition"
STREET ADDRESS CITY-ST-ZIP	8160 S.W. 148TH COURT MIAMI, FL 33193			ADDRESS I-ZIP		00000 04/02/08	)0859376 3-80021-(	) 05 19	50.00
TITLE	V	Delete	TITLE			······································		Change	Addition
NAME STREET ADDRESS	LIEBOLD, MARK E 8160 S.W. 148TH COURT		NAME	ADDRESS					į
CITY-ST-ZIP	MIAMI, FL 33193		CITY-ST					•	
TITLE		☐ Defete	THILE					Change	Addition.
NAME STREET AUDRESS			NAME STREET	ADDRESS					{
CITY-ST-ZIP			CITY-ST						
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TITLE		☐ Delete	THTLE		<u> </u>		[	Change	☐ Addition
NAME STREET ADDRESS			NAME STREET	ADDRESS					į
CITY-ST-ZIP			CITY-ST	ľ					
12. I hereby o	certify that the information supplied with	this filing does not quality f	for the exem	ptions contained	in Chapter 119,	Florida Statutes.	I further certify	that the in	nformation '

12. Thereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information is 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.

SIGNATURE:

Toll feron

2/12/0F 305-234-8377