

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000062666 (0)

1. Corporation Name

USA CABLE COMMUNICATIONS, INC.

Principal Place of Business

1348 HILLSIDE DRIVE
TARPON SPRINGS FL 34689

Mailing Address

P.O. BOX 566
PALM HARBOR FL 34682-0566

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

30

9. Name and Address of Current Registered Agent

STERNS, RANDY K
220 SOUTH FRANKLIN STREET
TAMPA FL 33602

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL 85 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 familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when restating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	<input type="checkbox"/> DELETE	11. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MULLER, JOHN		12. NAME	
STREET ADDRESS	1348 HILLSIDE DR		13. STREET ADDRESS	
CITY-ST-ZIP	TARPON SPRINGS FL		14. CITY-ST-ZIP	
TITLE		<input type="checkbox"/> DELETE	21. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			22. NAME	
STREET ADDRESS			23. STREET ADDRESS	
CITY-ST-ZIP			24. CITY-ST-ZIP	
TITLE		<input type="checkbox"/> DELETE	31. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			32. NAME	
STREET ADDRESS			33. STREET ADDRESS	
CITY-ST-ZIP			34. CITY-ST-ZIP	
TITLE		<input type="checkbox"/> DELETE	41. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			42. NAME	
STREET ADDRESS			43. STREET ADDRESS	
CITY-ST-ZIP			44. CITY-ST-ZIP	
TITLE		<input type="checkbox"/> DELETE	51. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			52. NAME	
STREET ADDRESS			53. STREET ADDRESS	
CITY-ST-ZIP			54. CITY-ST-ZIP	
TITLE		<input type="checkbox"/> DELETE	61. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			62. NAME	
STREET ADDRESS			63. STREET ADDRESS	
CITY-ST-ZIP			64. CITY-ST-ZIP	

14. I do 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

CR2E034 (9/96)