## SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

**PROFIT** CORPORATION **ANNUAL REPORT** 

· 1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9400085002 (1)

DESIGN CABLEVISION, INC.

APPROVED AND FILED

97 JUL 30 AM 11:56

SECRETARY OF STATE TALLAHASSEE, FLORIDA



Principal Place of Business Mailing Address										100010001110 EDILI DIDE   #4010 00	III DEIBI IDAAI EI	III BAHI BEIR			
35135 CHANCEY RD 144					14429 PAR	4429 PARKER ROAD DRIANDO FL 32832									
Chambo						, 1 C 02002					DO NOT WRITE IN THIS SPACE				
											3. Date Incorporated or Qualified 11/22/1994		of Last Re )/1996	eport	
2.	Principal Pl	lace of Busin	ness	2	2a. Mailing Address						4. FEI Number		<del>' </del>	plied For	
21	<u> </u>			26	26						59-3282030		No	t Applicable	
22	Suite, Apt. #, etc.				Suite, Apt. #, etc.						5. Certificate of Status Desired		\$8.75 / Fee Re		
	City & State				City & State						6. Election Campaign Financing		\$5.00		
23	·			28	28						Trust Fund Contribution		Added t		
	Zip	Country			Zip Cour			untry	у 8		8. This corporation owes or has pr	aid the curre	nt year Inta	angible	
24				29							Personal Property Tax due June 30. Yes No				
9. Name and Address of Current Registered Agent								ļ.,			10. Name and Address of New Ro	egistered Ag	ent		
HOLCOMB, CHARLYNE								B1	Name						
14429 PARKER ROAD							82 9			Addres	ss (P.O. Box Number is Not Accepta	ble)			
ORLANDO FL 32832								83			,	······································	· ·		
								84	City				85 Zip (		
11	<ol> <li>Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the a office or registered agent, or both, in the State of Florida. Such change was authorize agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida State</li> </ol>									l corpor poration	ration submits this statement for the n's board of directors. I hereby acce	purpose of cl pt the appoir	nanging its itment as	s registered registered	
	SIGNATURE										when reinstating)	DATE			
12		OFFICERS AND DIRECTORS 13.							- Grand	0.1045.00	ADDITIONS/CHANGES TO OFFI		RECTOR	S IN 12	
TIT	LE	D			DELETE 1.1 TI			TLE					Change	☐ Addition	
NA	ME		ib, david		1.2 N/										
			14429 PARKER ROAD			1.3 Si			ADDRESS						
CITY-ST-ZIP ORI		ORLAND	RLANDO FL 32832			1.4 C			T-71P						
111	TITLE			☐ DE			2.1 Til				400002; -08/05 ****10	2576	Mary I		
NA!	NAME				2.21			2.2 NAME			-08/05	79701	024	002 -	
STREET ADDRESS						2.3 5	2.3 STREET ADDRESS			申未申末1[	35.00	****	65.00		
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NAME						3.2 N	IAME								
STREET ADDRESS							3.3 \$	TREET	ADDRESS				-		
CIT	Y-ST-ZIP							HY-9	ST-ZIP						
T(T)	LE ]					DELETE	4.1 7	ITLE				Γ	Change	☐ Addition	
NA!	ME						4.21	MAN							
STF	REET ADDRESS	4.3 \$						TREET	ADDRESS						
CIT	Y-ST-ZIP							I.4 CłTY - ST - ZIP				····			
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NAME							5.2 N	AME		NY/	<i>9</i> 67				
STF	REET ADDRESS							TREET	ADDRESS	12					
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NAI	l						6.2 N								
STF	REET ADDRESS							3.3 STREET ADDRESS							
	Y-ST-ZIP						6.4 0	ITY-S	T-ZIP	<u>l</u>					

I do hereby certify that the information supplied with this filling 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.

421-275-8555