FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **P95000012823 (7)**

1. Corporation Name

CABLE LP III, INC.

Principal Place of Business

2101 N.W. 33RD ST.
SUITE 600
POMPANO BEACH FL 33069

Mailing Address

2101 N.W. 33RD ST.
SUITE 600
POMPANO BEACH FL 33069

3. Date Incorporated or Qualified: **02/15/1995**

3a. Date of Last Report:

2. Principal Place of Business
21 **700 UNIVERSE BLVD.**
Suite, Apt. #, etc.
22 **ATTN: DENNIS P. COYLE**
City & State
23 **JUNO BEACH, FL**
Zip 24 **33408** Country 25 **USA**

2a. Mailing Address
26 **700 UNIVERSE BLVD.**
Suite, Apt. #, etc.
27 **ATTN: DENNIS P. COYLE**
City & State
28 **JUNO BEACH, FL**
Zip 29 **33408** Country 30 **USA**

4. FEI Number: **65-0565960** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. **Name and Address of Current Registered Agent**

LEON, J E
9250 WEST FLAGLER ST.
MIAMI FL 33174

10. **Name and Address of New Registered Agent**

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, type or print name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 14		
TITLE	D	☒ DELETE	1.1 TITLE	D/P/S	☐ Change ☒ Addition
NAME	TANCER, EDWARD F		1.2 NAME	COYLE, DENNIS P.	
STREET ADDRESS	11770 U.S. HWY. 1		1.3 STREET ADDRESS	700 UNIVERSE BLVD	
CITY-ST-ZIP	NORTH PALM BEACH FL 33408		1.4 CITY-ST-ZIP	JUNO BEACH, FL 33408	
TITLE		☐ DELETE	2.1 TITLE	D/V	☐ Change ☒ Addition
NAME			2.2 NAME	GELBER, LESLIE J.	
STREET ADDRESS			2.3 STREET ADDRESS	11760 U.S. HIGHWAY ONE #600	
CITY-ST-ZIP			2.4 CITY-ST-ZIP	NORTH PALM BEACH, FL 33408	
TITLE		☐ DELETE	3.1 TITLE	T	☐ Change ☒ Addition
NAME			3.2 NAME	SAMIL, DILEK L.	
STREET ADDRESS			3.3 STREET ADDRESS	700 UNIVERSE BLVD.	
CITY-ST-ZIP			3.4 CITY-ST-ZIP	JUNO BEACH, FL 33408	
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: Dennis P. Coyle — 03/01/96 — (407) 694-4644

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)