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 # P95000022393 (9)

1. Corporation Name
DIGITAL CABLE, INC.

Principal Place of Business	Mailing Address
6622 SOUTHPOINT DR SOUTH SUITE 310 JACKSONVILLE FL 32216	6622 SOUTHPOINT DR SOUTH SUITE 310 JACKSONVILLE FL 32216

3. Date Incorporated or Qualified: 03/20/1995
3a. Date of Last Report:

2. Principal Place of Business (21) / Suite, Apt. #, etc. (22) / City & State (23) / Zip (24) / Country (25)

2a. Mailing Address (26) / Suite, Apt. #, etc. (27) / City & State (28) / Zip (29) / Country (30)

4. FEI Number: 59-3320243 ☐ 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

SMITH HULSEY & BUSEY PA
225 WATER STREET SUITE 1800
JACKSONVILLE FL 32202

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 _____ DATE
Signature, typed or printed name of individual with authority to sign on behalf of corporation. NOTE: Registered Agent signature required when this box is checked.

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	Chief operating officer	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	Robert J. Gray		1.2 NAME	
STREET ADDRESS	8138 Seven Mile Dr.		1.3 STREET ADDRESS	
CITY-ST-ZIP	Ponte Vedra FL 32082		1.4 CITY-ST-ZIP	
TITLE	Director	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	Elaine Whalen		2.2 NAME	
STREET ADDRESS	8138 Seven Mile Dr.		2.3 STREET ADDRESS	
CITY-ST-ZIP	Ponte Vedra FL 32082		2.4 CITY-ST-ZIP	
TITLE	Chief financial officer	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	Nelson W. Perrin, CMA		3.2 NAME	
STREET ADDRESS	8335 Freedom Crossing Circle		3.3 STREET ADDRESS	
CITY-ST-ZIP	Jacksonville FL 32257		3.4 CITY-ST-ZIP	
TITLE	President	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	Christopher Parker		4.2 NAME	
STREET ADDRESS	946 Tide Water Court		4.3 STREET ADDRESS	
CITY-ST-ZIP	Ponte Vedra, FL 32082		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	

300001907219
-07/30/96--01011--006
***225.00

CR2E034 (12/95)

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)(i), Florida Statutes. I further certify that the information indicated on this 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: _____ 6/21/96 904-296-6761
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #