

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

APPROVED
AND
FILED

96 AUG 29 AM 11:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000027659 (8)

1. Corporation Name

SUNSTATE CABLESYSTEMS II, INC.

Principal Place of Business

Mailing Address

5907C HAMPTON OAKS PARKWAY
TAMPA FL 33610

5907C HAMPTON OAKS PARKWAY
TAMPA FL 33610

3. Date Incorporated or Qualified

3a. Date of Last Report

04/03/1995

2. Principal Place of Business

2a. Mailing Address

21 3903 Industry Boulevard

26 3903 Industry Boulevard

4. FEI Number

Applied For

59-3306954

Not Applicable

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

City & State

City & State

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

23 Lakeland, Florida

28 Lakeland, Florida

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

Yes No

24 Zip

Country

29 Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ROBERTS, WILLIAM M
5907C HAMPTON OAKS PARKWAY
TAMPA FL 33610

81 Name

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

83

84 City

FL

85 Zip Code

I, the undersigned, being a resident of the State of Florida, do hereby certify that I am familiar with 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 agent 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 fee if applicable

(NOTE: Registered Agent signature required when not changing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME ANDERSON, KENNETH D
STREET ADDRESS C/O 5907C HAMPTON OAKS PARKWAY
CITY-ST-ZIP TAMPA FL 33610

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP

TITLE STD
NAME ROBERTS, WILLIAM M
STREET ADDRESS C/O 5907C HAMPTON OAKS PARKWAY
CITY-ST-ZIP TAMPA FL 33610

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

61 TITLE
62 NAME
63 STREET ADDRESS
64 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: By: Georgetown Capital Corporation, its Managing Agent 8/23/96

410-266-9393

By: Roy E. Hayes, Jr., President

CR2E034 (3/96)