

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000031369

1. Corporation Name

METRO/COM CABLE SERVICES, INC.

Principal Place of Business

12320 SW 117 CT
MIAMI FL 33186
US

Mailing Address

12320 SW 117 CT
MIAMI FL 33186
US

2. Principal Place of Business

21 14250 SW 136 St,

Suite, Apt. #, etc.

22 Suite # 18

City & State

23 Miami, FL

Zip Country

24 33186 25 US

2a. Mailing Address

26 14250 SW 136 St,

Suite, Apt. #, etc.

27 Suite 18

City & State

28 Miami, FL

Zip Country

29 33186 30 US

9. Name and Address of Current Registered Agent

HANSEN, DAVID J

12320 SW 117 CT

MIAMI FL 33186

81 Name

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

14250 SW 136 St.

83 Suite 18

84 City Miami FL 85 Zip Code 33186

10. Name and Address of New Registered Agent

11. Pursuant to the provisions of Sections 607.0505 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 reinstating)

DATE

130-29

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	<input type="checkbox"/> DELETE	1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HANSEN, DAVID J		1.2 NAME
STREET ADDRESS	1970 KEYSTONE BLVD		1.3 STREET ADDRESS
CITY-ST-ZIP	N MIAMI FL		1.4 CITY-ST-ZIP
TITLE	ST	<input type="checkbox"/> DELETE	2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HANSEN, KAREN		2.2 NAME
STREET ADDRESS	1970 KEYSTONE BLVD		2.3 STREET ADDRESS
CITY-ST-ZIP	N MIAMI FL		2.4 CITY-ST-ZIP
TITLE	VP	<input type="checkbox"/> DELETE	3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHWANK, JOSE S		3.2 NAME
STREET ADDRESS	11830 SW 25 TERR		3.3 STREET ADDRESS
CITY-ST-ZIP	MIAMI FL 33175		3.4. CITY-ST-ZIP
TITLE	D	<input type="checkbox"/> DELETE	4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHANK, FATIMA		4.2 NAME
STREET ADDRESS	11830 SW 25 TERR		4.3 STREET ADDRESS
CITY-ST-ZIP	MIAMI FL 33175		4.4 CITY-ST-ZIP
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			5.2 NAME
STREET ADDRESS			5.3 STREET ADDRESS
CITY-ST-ZIP			5.4 CITY-ST-ZIP
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			6.2 NAME
STREET ADDRESS			6.3 STREET ADDRESS
CITY-ST-ZIP			6.4 CITY-ST-ZIP

14. I 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime/Phone #

400/303

CR2E034 (11/98)