

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000031369

FILED
Jun 14, 2004
Secretary of State

Entity Name: METRO/COM CABLE SERVICES, INC.

Current Principal Place of Business:

PO BOX 2279
NEW SMYRNA BEACH, FL 321702279 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 2279
NEW SMYRNA BEACH, FL 321702279 US

New Mailing Address:

FEI Number: 65-0579299

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HANSEN, DAVID J
813 N ATLANTIC AVENUE
NEW SMYRNA BEACH, FL 32169 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ()

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: HANSEN, DAVID J
Address: 813 N ATLANTIC AVE
City-St-Zip: NEW SMYRNA BEACH, FL 32169

Title: ST (X) Delete
Name: HANSEN, KAREN
Address: 813 N ATLANTIC AVE
City-St-Zip: NEW SMYRNA BEACH, FL 32169

Title: VP () Delete
Name: SCHWANK, JOSE S
Address: 11830 SW 25 TERR
City-St-Zip: MIAMI, FL 33175

Title: D () Delete
Name: SCHANK, FATIMA
Address: 11830 SW 25 TERR
City-St-Zip: MIAMI, FL 33175

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAVID J HANSEN

P

06/14/2004

Electronic Signature of Signing Officer or Director

Date