


2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

0065602 AV

DOCUMENT # P95000031369	
1. Entity Name METRO/COM CABLE SERVICES, INC.	

FILED

03 OCT 21 AM 11:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 14250 SW 136 ST STE #18 MIAMI FL 33186 US	Mailing Address 14250 SW 136 ST STE #18 MIAMI FL 33186 US
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2. Principal Place of Business P.O. Box 2279 Suite, Apt. #, etc.	3. Mailing Address P.O. Box 2279 Suite, Apt. #, etc.
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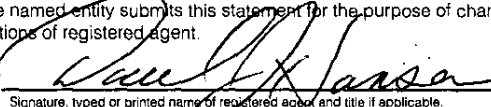


City & State NSB FL	City & State NSB FL	4. FEI Number 65-0579299	Applied For <input type="checkbox"/> Not Applicable
Zip 32170-2279	Country U.S.A.	Zip 32170-2279	Country U.S.A.

5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent HANSEN, DAVID J 14250 SW 136 ST STE #18 NEW ADDRESS MIAMI FL 33186
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7. Name and Address of New Registered Agent Name HANSEN, DAVID J Street Address (P.O. Box Number is Not Acceptable) 813 NORTH ATLANTIC AVENUE City NEW SMYRNA BEACH FL Zip Code 32169
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8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE  DAVID J. HANSEN 9-26-03 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>
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FILE NOW!!! FEE IS \$550.00
After September 10, 2003 Fee will be \$750.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HANSEN, DAVID J 1970 KEYSTONE BLVD N MIAMI FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST HANSEN, KAREN 1970 KEYSTONE BLVD N MIAMI FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SCHWANK, JOSE S 11830 SW 25 TERR MIAMI FL 33175 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCHANK, FATIMA 11830 SW 25 TERR MIAMI FL 33175 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HANSEN, DAVID J. 813 N. ATLANTIC AVENUE NSB FL 32169 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST HANSEN, KAREN L 813 N. ATLANTIC AVENUE NSB, FL 32169 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	700023443427 09/30/03--01041--011 **\$558.75 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	700023443427 10/21/03--01159--014 **\$191.25 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  DAVID J. HANSEN 9-26-03 305.439.827 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>

CR2E034 (4/03)