


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 18, 2008 8:00 am**  
**Secretary of State**

04-18-2008 90031 009 \*\*\*158.75

**DOCUMENT # P95000066339**  
 1. Entity Name  
**SPECTRUM CABLE CORP.**



Principal Place of Business: **345 SWAIN BLVD GREENACRES, FL 33463**  
 Mailing Address: **345 SWAIN BLVD GREENACRES, FL 33463**

2. Principal Place of Business - No P.O. Box #  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

3. Mailing Address  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country



02012008 Chg-P CR2E034 (12/06)

4. FEI Number: **65-0616381** Applied For:  Not Applicable:

5. Certificate of Status Desired:  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent:  
**RADD, DONALD E**  
**337 SWAIN BLVD.**  
**GREENACRES, FL 33463**

7. Name and Address of New Registered Agent:  
 Name:  
 Street Address (P.O. Box Number is Not Acceptable):  
 City: **FL** Zip Code:

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: \_\_\_\_\_ DATE: \_\_\_\_\_  
Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: <b>D</b>	<input type="checkbox"/> Delete	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME: <b>RADD, DONALD E</b>		NAME:	
STREET ADDRESS: <b>2488 LENA LANE</b>		STREET ADDRESS:	
CITY- ST- ZIP: <b>WEST PALM BEACH, FL 334157288</b>		CITY- ST- ZIP:	
TITLE: <b>VP</b>	<input type="checkbox"/> Delete	TITLE: <b>VP</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME: <b>STUART, TERRY</b>		NAME: <b>STUART Terry</b>	
STREET ADDRESS: <b>1385 WATERCOVE LANE</b>		STREET ADDRESS: <b>1528 MARY LANE</b>	
CITY- ST- ZIP: <b>LAWRENCEVILLE, GA 30043</b>		CITY- ST- ZIP: <b>LAWRENCEVILLE GA 30043</b>	
TITLE:	<input type="checkbox"/> Delete	TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		NAME:	
STREET ADDRESS:		STREET ADDRESS:	
CITY- ST- ZIP:		CITY- ST- ZIP:	
TITLE:	<input type="checkbox"/> Delete	TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		NAME:	
STREET ADDRESS:		STREET ADDRESS:	
CITY- ST- ZIP:		CITY- ST- ZIP:	
TITLE:	<input type="checkbox"/> Delete	TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		NAME:	
STREET ADDRESS:		STREET ADDRESS:	
CITY- ST- ZIP:		CITY- ST- ZIP:	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Donald Radd D. DONALD RADD 4-4-08 561-641-3399  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date: Day-Mo-Year