2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR**

DOCUMENT

P95000076891

1. Entity Name

J.B. CABLEVISION, INC.



Apr 02, 2003 8:00 am Secretary of State

04-02-2003 90100 015 ***150.00

Mailing Address Principal Place of Business 12528 PATSY AVE. 12528 PATSY AVE. PORT CHARLOTTE FL 33981 PORT CHARLOTTE FL 33981 3. Mailing Address 1252よ 2. Principal Place of Business 12528 Pats ☐ CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number Applied For 65-0619354 nt Charlo Not Applicable \$8.75 Additional 5. Certificate of Status Desired - -Charlote Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent א ני BELL, JACK Box Number is Not Acceptable) 2918 ALCAZAR TERR ALL NORTH PORT FI 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 (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. PTD ☐ Addition TITLE TITLE Change □ Delete BELL. JACK NAME NAME 12528 PATSY AVE STREET ADDRESS STREET ADDRESS PORT CHARLOTTE FL 33981 CITY-ST-ZIP CITY-ST-ZIP VPSD ☐ Delete TITLE ☐ Change ☐ Addition TITLE BELL, DEBBY NAME NAME STREET ADDRESS 12528 PATSY AVENUE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PORT CHARLOTTE FL 33981 TITLE ☐ Change Addition [☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ■ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF TITLE ☐ Change ☐ Addition TITLE ☐ Delete 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 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.

DUREPRES 4-1-03