04/27/2000 11:14 4073455258 COMREHENSIVE

FILED
May 24, 2000 8:00 am
Secretary of State
05-24-2000 90151 010 ***150.00

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P 95000083405.

1. Entity Name
IN ON CABLE INSTALLERS INC.

Principal Place of Business
4855 ORIOLE Drive
ST CLOUD, FL 34772

Mailing Address
4855 Oriole Drive

DONE 4/18

[redacted]

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
9521 S. OBT		9521 S. O. B. T.	
Suite, Apt. #, etc.: Ste 106		Suite, Apt. #, etc.: Ste 106	
City & State: Orlando FL		City & State: Orlando FL	
Zip: 32837	Country: USA	Zip: 32837	Country: USA

4. FEI Number 59-3330222 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
Austin, Jeff S
4855 Oriole Drive
St Cloud FL 34772

7. Name and Address of New Registered Agent
Name: Jeff S. Austin
Street Address (P.O. Box Number is Not Acceptable): 9521 S.O.B.T. Ste 106
Orlando FL 32837
City: Orlando FL Zip Code 32837

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.

SIGNATURE [signature]
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☒

FILE NOW!!! FEE IS $150.00
After MAY 1, 2000 Fee will be $550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Hobson Mark 1114 E Cherry Lake Road Clermont FL 34711 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Director Mark E HOBSON 8920 Spyglass Loop Clermont, FL 34711 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Austin Jeff S 4855 Oriole Drive ST CLOUD FL 34772 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Jeff S. Austin 4213 Summit Creek Blvd #7102 Orlando, FL 32837 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #