

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
 AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

0110797

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
 Katherine Harris, Secretary of State  
 DIVISION OF CORPORATIONS

**FILED**  
 99 OCT 20 AM 11:05  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

DOCUMENT # P96000031632  
 1. Corporation Name  
 ACTION CABLE CORPORATION, INC.



Principal Place of Business: 11226-1 PHILLIPS PKWY DR E JACKSONVILLE FL 32256 US  
 Mailing Address: 12417 JEREMYS LANDING DR E JACKSONVILLE FL 32258 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: 11536 PHILIPS HIGHWAY  
 2a. Mailing Address: [Blank]  
 23. City & State: JACKSONVILLE FL  
 24. Zip: 32256 25. Country: US

3. Date Incorporated or Qualified: 04/10/1996  
 4. FEI Number: 59-3374378  
 5. Certificate of Status Desired:  \$8.75 Additional Fee Required  
 6. Election Campaign Financing Trust Fund Contribution:  \$5.00 May Be Added to Fees  
 8. This corporation owes the current year Intangible Personal Property:  Yes  No

9. Name and Address of Current Registered Agent  
 EDWARD, RICE  
 12417 JEREMYS LANDING DR E  
 JACKSONVILLE FL 32258

10. Name and Address of New Registered Agent  
 81 Name  
 82 Street Address (P.O. Box Number is Not Acceptable)  
 83  
 84 City  
 85 Zip Code

11. Pursuant to the provisions of sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, section 607.0505, Florida Statutes.  
 SIGNATURE: Edward L. Rice EDWARD L. RICE SECRETARY/TREASURER 10-18-99  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE: STD NAME: RICE, EDWARD STREET ADDRESS: 12417 JEREMYS LANDING DR E CITY-ST-ZIP: JACKSONVILLE FL 32258	<input type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP
TITLE: DP NAME: CLARK, ROBBIE STREET ADDRESS: 10958 MANDARIN STATION DR E CITY-ST-ZIP: JACKSONVILLE FL 32257	<input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP
TITLE: VD NAME: CLARK, JOANN STREET ADDRESS: 3848 TALLCOTT DR CITY-ST-ZIP: JACKSONVILLE FL 32246	<input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP
TITLE: [Blank] NAME: [Blank] STREET ADDRESS: [Blank] CITY-ST-ZIP: [Blank]	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP
TITLE: [Blank] NAME: [Blank] STREET ADDRESS: [Blank] CITY-ST-ZIP: [Blank]	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP
TITLE: [Blank] NAME: [Blank] STREET ADDRESS: [Blank] CITY-ST-ZIP: [Blank]	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

REINSTATEMENT 99 ITS  
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14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Edward L. Rice 9-17-99 904-880-8900  
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (5/99)