1. Entity Name

ACTION CABLE CORPORATION, INC.

DOCUMENT # P96000031632

Principal Place of Business

Mailing Address

11556 PHILIPS HIGHWAY JACKSONVILLE FL 32256 12417 JEREMYS LANDING DR E JACKSONVILLE FL 32258

FILED May 14, 2001 8:00 am Secretary of State

05-14-2001 90177 050 ***150.00

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2. Principal F	Place of Business FEREMYS LANDING DR.E.	3. Mailing Address								
Suite, Apt.		Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE				
_City & Stat		City & State				FEI Number	50.0074070		Applied For	
JACKSON		Oily trotate				rej Number	59-3374378		Not Applicable	
32258	3 Country	Zip	Countr	У	5.	Certificate of S	Status Desired	\$8.75 Ad Fee Requir		
6. Name and Address of Current Registered Agent					7. Name and Address of New Registered Agent					
					Name					
EDWARD, RICE 12417 JEREMYS LANDING DR E JACKSONVILLE FL 32258				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.										
SIGNATURE Signature, typed or printed name diregistered agent and title if applicable. (NOTE: Registered Agent signature required when reinstaling) DATE										
Tax filing r	oration is eligible to satisfy its Intangible requirement and elects to do so.	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of			50.00 t of State	Trust F	n Campaign Financing fund Contribution.	☐ Adde	00 May Be ed to Fees	
11.					Αſ	ODITIONS/CH	ANGES TO OFFICERS			
TITLE	STD PIOC SPIMARD	☐ Delete	TITLE					☐ Change	☐ Addition	
NAME STREET ADDRESS	RICE, EDWARD 12417 JEREMYS LANDING DR E		NAME	ADDRESS					1	
CITY-ST-ZIP	JACKSONVILLE FL 32258		CITY-9							
TITLE	DP	☐ Delete	TITLE					Change	Addition	
NAME	CLARK, ROBBIE		NAME							
STREET ADDRESS	10958 MANDARIN STATION DR E			ADDRESS	i				ļ	
CITY-ST-ZIP	JACKSONVILLE FL 32257		CITY-S	S1-ZIP	14 D					
TITLE	VD Clark, Joann	☐ Delete	TITLE NAME		Y D	TOANN		Change	Addition	
NAME STREET ADDRESS	The state of the s			r address	8121 1	ADILVE VIA	IF CT			
CITY-ST-ZIP				ST-ZIP	CLARK, JOANN SS 8121 WINDING VINE CT. JACKSONVILLE, FL 32244					
TITLE		☐ Delete	TITLE		100		, UF (A.	☐ Change	Addition	
NAME			NAME					- •	1	
STREET ADDRESS			STREET	ADDRESS						
CITY-ST-ZIP			CITY-S	ST-ZIP			·······	<u></u>		
TITLE		☐ Delete	TITLE					☐ Change	☐ Addition	
NAME CERTAIN			NAME							
STREET ADDRESS CITY-ST-ZIP			STREET CITY-S	ADDRESS						
			4	11.771	<u> </u>	 			[7] A 4 3 10 1 - 1	
TITLE NAME		☐ Delete	TITLE					☐ Change	☐ Addition	
STREET ADDRESS				ADDRESS	ı					
CITY-ST-ZIP			CITY-S							
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I nereby 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.

DWARD LI RICE