

AMENDED 2ND TIME

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000043199

1. Entity Name
HARRIS CABLE INC.

FILED

01 APR -2 AM 11:19

SECRETARY OF STATE
TALLAHASSEE FLORIDA

Principal Place of Business 3301-BUTTONWOOD DELTONA FL 32738	Mailing Address 3301-BUTTONWOOD DELTONA FL 32738
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2. Principal Place of Business 7864 HWY. 70 E. Suite, Apt. #, etc.	3. Mailing Address 7864 HWY. 70 E. Suite, Apt. #, etc.
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City & State OKEECHOBEE, FL.	City & State OKEECHOBEE, FL.	4. FEI Number 59-3368591	Applied For <input checked="" type="checkbox"/> Not Applicable
Zip 34972	Country OKEECHOBEE	Zip 34972	Country OKEECHOBEE

5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
~~HARRIS, JAMES P.
3301-BUTTONWOOD
DELTONA FL 32738.~~

7. Name and Address of New Registered Agent
Name: MICHAEL J. BRENDL
Street Address (P.O. Box Number is Not Acceptable):
7866 HWY. 70 E.
City: OKEECHOBEE, FL Zip Code: 34972

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: MICHAEL J. BRENDL - PRESIDENT - SECRETARY / TREASURER *Michael J. Brendl* 03-19-01
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, 2001 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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HARRIS, JAMES P. 3301-BUTTONWOOD AVE DELTONA FL <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	8 BRENDL, MICHAEL 7866 HWY 70E OKEECHOBEE FL 34972 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT MICHAEL J. BRENDL 7866 HWY. 70 E. OKEECHOBEE, FL. 34972 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY & TREASURER MICHAEL J. BRENDL 7866 HWY. 70 E. OKEECHOBEE, FL. 34972 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: *Michael J. Brendl*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date: 3-19-01
Daytime Phone #: 561-260-0801

CR2E034 (10/00)