

2000 UNIFORM BUSINESS REPORT (UBR)

068798

DOCUMENT # P96000087526
 1. Entity Name
PALM COAST CABLEVISION, INC.

FILED
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 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address
 211 ST JOE PLAZA DRIVE 4103 WEST LAKE HOUSTON PARKWAY
 PALM COAST FL 32164 KINGWOOD TX 77339-5205
 US US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 City & State City & State
 Zip Country Zip Country

4. FEI Number **58-2289874** Applied For
 Not Applicable
 5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
INTRASTATE REGISTERED AGENT CORPORATION
701 BRICKELL AVE
MIAMI FL 33131

7. Name and Address of New Registered Agent
 Name
 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable

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

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	DAVIS, WILLIAM A	
STREET ADDRESS	3198 ASSINIBOINE AVENUE	
CITY-ST-ZIP	WINNIPEG, MANITOBA R3K 0B1	
TITLE	D	<input type="checkbox"/> Delete
NAME	MOFFAT, RANDALL L	
STREET ADDRESS	474 SOUTH DRIVE	
CITY-ST-ZIP	WINNIPEG, MANITOBA R3T 0B1	
TITLE	S	<input type="checkbox"/> Delete
NAME	HUGHES, SHAWN D	
STREET ADDRESS	CKY BUILDING, POLO PARK	
CITY-ST-ZIP	WINNIPEG, MANITOBA R3T 0B1	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DVP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PERNAL, ANDREW R C	
STREET ADDRESS	34 SALME DRIVE	
CITY-ST-ZIP	WINNIPEG, MANITOBA	
TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOFFAT, RANDALL L	
STREET ADDRESS	474 SOUTH DRIVE	
CITY-ST-ZIP	WINNIPEG, MANITOBA R3T 0B1	
TITLE	DS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HUGHES, SHAWN D	
STREET ADDRESS	1020 HIGHLAND PARK DRIVE	
CITY-ST-ZIP	WINNIPEG, MANITOBA	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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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: Shawn Hughes April 12, 2000 (204) 788-3439
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

SHAWN D. HUGHES

CF2E034 (9/99)