

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 23, 2000 8:00 am
Secretary of State

08-23-2000 90031 013 ***550.00

DOCUMENT # P97000024118

1. Entity Name

COOPERATIVE CABLE SERVICES, INC.



Principal Place of Business

**2895 W. SUNRISE BLVD.
 FT. LAUDERDALE FL 33311**

Mailing Address

**2895 W. SUNRISE BLVD.
 FT. LAUDERDALE FL 33311**

ADDRESSES



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0758030

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CHAMBERS, SEAROY
 4205 N UNIVERSITY DR.
 BLDG.#1, APT 203
 SUNRISE FL 33351**

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

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 \$550.00
 After SEPTEMBER 13, 2000 Min. will be \$750.00
 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 Delete
D
 NAME **CHAMBERS, SEAROY**
 STREET ADDRESS **4205 N. UNIVERSITY DR., BLDG.#1, APT. 203**
 CITY-ST-ZIP **SUNRISE FL 33351**

TITLE Change Addition

TITLE Delete
 NAME **PVST**
 NAME **CHAMBERS, SEAROY**
 STREET ADDRESS **4205 N. UNIVERSITY DR., BLDG.#1, APT. 203**
 CITY-ST-ZIP **SUNRISE FL 33351**

TITLE Change Addition

TITLE Delete

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TITLE 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 empowerments.

SIGNATURE:

Seary
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-12-00

Date

954-742-0463

Daytime Phone #

CR2E034 (5/00)