

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000024118

FILED
Apr 25, 2005
Secretary of State

Entity Name: COOPERATIVE CABLE SERVICES, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 65-0758030

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: CHAMBERS, SEAROY
Address: 4205 N. UNIVERSITY DR., BLDG.#1, APT. 203
City-St-Zip: SUNRISE, FL 33351

Title: PVST () Delete
Name: CHAMBERS, SEAROY
Address: 4205 N. UNIVERSITY DR., BLDG.#1, APT. 203
City-St-Zip: SUNRISE, FL 33351

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SEAROY CHAMBERS

PSVT

04/25/2005

Electronic Signature of Signing Officer or Director

Date