FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION AÑNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000024164

DB EXPRESS CABLE, INC.

Principal Pla	ce of Business	Mailing Address			- CERROREAU SIA IDIUL INDUI DAUII DE	rin mons Banzo Hazu A	IOON INDIA ONIN O	isi iati
4890 BERESF		4890 BERESFORD CIRCLE WEST PALM BEACH FL 334	457					
MEGI TREM	DEMONTE GOTTI	WEST TALM BEASTITE SO-	711		DO NOT WRIT	TE IN THIS SPACE	CE	
					3. Date Incorporated or Qualifed			
•					02/28/1997			
2. Principal	Place of Business	2a. Mailing Address			4. FEI Number		Applied	For
21		26		_	65-0756329		Not App	licable
Suite, Apt	. #, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desired	□ \$8	3.75 Additio	nal
22	·	27			5. Certificate of Status Desired		Fee Required	<u> </u>
City & Sta	ite	City & State			6. Election Campaign Financing	\$	5.00 May 6	Be .
23		28			Trust Fund Contribution		Added to Fee	s
Zip	Country	Zip	Country		8. This corporation owes the curre			1
24	25		30	_	Personal Property Tax.)
	9. Name and Address of Curre	ent Registered Agent	81 1	Name	10. Name and Address of New R	egistered Agen	<u> </u>	
BAI	KER, DALE		" "	Name				
4890 BERESFORD CIR		82 8	Street Addre	ess (P.O. Box Number is Not Accepta	ble)			
WE	ST PALM BCH FL 33417		83				3 1 1	1 1
			84 0	City		FL 85	Zip Code	
11. Pursuani	t to the provisions of Sections 607.05	02 and 607.1508, Florida Statute	s, the above-na	amed corpo	oration submits this statement for the	purpose of chang	ing its regist	ered
'office or	registered agent, or both, in the State am familiar with, and accept the oblig	e of Florida. Such change was au	ithorized by the	corporatio	n's board of directors. I hereby accep	t the appointmen	t as registere	ed
٠,		pations of, Decilon 607.0303, Flori	iua Sialules.				-	
SIGNATURE	Signature, typed or printed name of registered ag	ent and title if applicable. (NOTE:	Registered Agent sig	nature required	when reinstating)	DATE		
12.	OFFICERS A	ND DIRECTORS	13.	·	ADDITIONS/CHANGES TO OFF	ICEBS AND DIS	TOTODO II	
TITLE	PD				ADDITIONOUNINGED TO OFF	TORKS AND DIF	KECTORS IN	12
ŅAME	BAKER, DALE	☐ DELETE	1.1 TITLE		37, 4-22 11 3			l 12 Addition
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OD 07 70	HOOU DENEOFURD CIRCLE	☐ DELETE		DRESS				
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14. 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 annual report or supplemental annual 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 12 or Block 13 if chapted or on an attachment with an address, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

FILED

Jan 21, 1999 8:00am

Secretary of State 01-21-1999 90028 011 ***150.00