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

PROFIT CORPORATION ANNUAL REPORT 1998

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

FILED

May 07 1998 8:00am

Secretary of State

Secretary of State
DIVISION OF CORPORATIONS

E .	MENT # P9700 L CABLE TV, INC.	0031666 (5)		
Principal Place of Business Mailing Address				
4846 N. UNIVERSITY DR., STE. 205 LAUDERHILL FL 33351		4846 N. UNIVERSITY DR., STE, 205 LAUDERHILL FL 33351		DO NOT WRITE IN THIS SPACE
L				3. Date Incorporated or Qualified 04/07/1997
	Place of Business	2a. Mailing Address		4. FEI Number Applied For
		Suite, Apt. #, etc.		65-0743094 Not Applicable
├ ──,		27		5. Certificate of Status Desired Fee Required
City & State		City & State		Election Campaign Financing \$5.00 May Be
23		28		Trust Fund Contribution Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid the current year Intangible
24	25	29	30	Personal Property Tax due June 30. Yes No 10. Name and Address of New Registered Agent
INCORPORATORS PLUS, INC.				
1214 N. UNIVERSITY DR. PLANTATION FL 33322			82 Street	Address (P.O. Box Number is Not Acceptable)
PLANTATION PL 33322			83	J. C. C. COOKING DIME I CO
1			84 City J	Ige 7in Code
1 Laude hill FL 3555)				
11. Pursuant to the provisions of Sections 607.0502 and 607.1508. Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the subjection 607.0505, Florida Statutes.				
agent. I am familiar with, and accept the enigations of, Section 607,0505, Florida Statutes.				
SIGNATURE	challine, typed or printed name of migratored ag	gaar .	E Registered Agent signature	3/9/48
12.		ED DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	Pres -	DELETE	1.1 TITLE	Change M Addition S
NAME	Steve FRIEDMAN	1 -	1.2 NAME	Stre Fredman Hore N. University Dom *205
STREET ADDRESS	4846 N Univ	Drue Ste 205	1.3 STREET ADDRESS	4861 N 116 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1
CITY-ST-ZIP	Candrabille, E	~ 35)F1_	1.4 CHTY - ST - ZIP	Langiable Elita to toward to the
TITLE	Chuck Kenyo	⊘ □ DELETE	2 1 TITLE	Change Addition
NAME	3	• -	2.2 NAME	
STREET ADDRESS			2.3 STREET ADDRESS	-
CITY-SI-ZIP		DELETE	2 4 CITY-ST-ZIP	Change MAddition
NAME			3.2 NAME	Treasure & VIGE PRESIDENT Change MAddition
STREET ADDRESS			3.3 STREET ADDRESS	4844 N. University Drum # 205
CITY-ST-ZIP			3.4 GITY-ST-ZIP	Country City Series
TITLE		DELFTE	4.1 TIFLE	Change Addition
NAME	li de la companya de		4. 2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			44 CITY-ST-ZIP	
TITLE		DELETE	5.1 TITLE	Change [] Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY - ST - ZIP		DELETE	5 4 CITY - ST - ZIP	Change Addition
TITLE NAME		f"] prifit	6 1 TITLE 6.2 NAME	C. Chailde (T. Modinon)
STREET ADDRESS			6.3 STREET ADDRESS	
SINCEL MINNESS			n's SIUTE WINDERS	i i

14. I hereby certify that the information supplied with this filting 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 changed, or only attachment with an address.