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May 03, 1999 8:00 am  
Secretary of State

05-03-1999 90072 004 \*\*\*150.00

0260358

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P97000031666

1. Corporation Name  
DIGITAL CABLE TV, INC.

Principal Place of Business

~~4846 N. UNIVERSITY DR., STE. 205  
LAUDERHILL FL 33351~~

Mailing Address

~~4846 N. UNIVERSITY DR., STE. 205  
LAUDERHILL FL 33351~~

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/07/1997

4. FEI Number

65-0743094

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax.

☐

Yes

☒

No

2. Principal Place of Business

21 20533 BISCAYNE BLVD  
Suite Apt. #, etc.

22 Suite N304

23 AVENTURA, FL

24 33180 25 USA

2a. Mailing Address

26 20533 BISCAYNE BLVD  
Suite Apt. #, etc.

27 Suite N304

28 AVENTURA, FL

29 33180 30 USA

9. Name and Address of Current Registered Agent

DELGADO, LEONARD  
4846 N. UNIVERSITY DR.  
SUITE 205  
LAUDERHILL FL 33351

10. Name and Address of New Registered Agent

81 Name DELGADO, LEONARD

82 Street Address (P.O. Box Number is Not Acceptable)  
20533 BISCAYNE BLVD

83 Suite N304

84 City AVENTURA

FL

85 Zip Code 33180

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 obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Leonard J. Delgado

(NOTE: Registered Agent signature required when reinstating)

4-26-99

DATE

12. OFFICERS AND DIRECTORS

TITLE P ☐ DELETE

NAME FRIEDMAN, STEVE

STREET ADDRESS 4846 N. UNIVERSITY DR., SUITE 205

CITY-ST-ZIP LAUDERHILL FL 33351

TITLE TVP ☐ DELETE

NAME DELGADO, LEONARD

STREET ADDRESS 4846 N. UNIVERSITY DRIVE, SUITE 205

CITY-ST-ZIP LAUDERHILL FL 33351

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☒ Change

☐ Addition

☒ Change

☐ Addition

☒ Change

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☐ Addition

☐ Change

☐ Addition

☐ Change

☐ Addition

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 changed or on an attachment with an address, with all other like empowered.

SIGNATURE:

Leonard J. Delgado

(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)

4/24/99

Date

305-389-3959

Daytime Phone #

CR2E034 (11/98)