2007 FOR PROFIT CORPORATION

SIGNATURE:

Apr 18, 2007 8:00 am Secretary of State ANNUAL REPORT (AR) DOCUMENT # P97000041003 1. Entity Name 04-18-2007 90178 035 ***150.00 CABLE TECHNOLOGY, INC. Principal Place of Business Mailing Address 5803 PRINCETON DRIVE PO BOX 4306 PENSACOLA FL 32526 PENSACOLA FL 32507-0306 2. Principal Place of Business - No P.O. Box # 10 Box 4306 Sulle, Apt. #, elc. 400 Audussan Suite, Apt. #, etc. 1st MOORE CR2E034 (10/06) 4. FEI Number 59-3442670 Applied For encacola Not Applicable \$8.75 Additional 5. Certificate of Status Desired \Box Escandis Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent WELBORN, BILLY R Street Address (P.O. Box Number is Not Acceptable) 5803 PRINCESS DR PENSACOLA FL 400 Audusson 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. I am familiar with, and accept the obligations of registered agent. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 \$5.00 May Be 9. Election Campaign Financing After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE Addition THILE ☐ Change Delete Charles W. Dix Jr. Po Box 4306 WELBORN, BILLY R NAME NAME 102 TREASURE PALM DRIVE PASSED ANDRY STREET ADDRESS STREET ADDRESS PANAMA CITY BEACH FL 32408 Penseuk Ha CITY-ST-7IP CITY SI-ZIP TITLE ☐ Defete TITLE Addition Charles W. DIX Sc. NAMI STREET ADDRESS STREET ADDRESS POBOX 4366 CITY-ST-ZIP CITY ST-ZIP Pensauh 716. TITUE THE Delete Change Addition NAME NAM STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP TOLL ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-S1-ZIP BUE Delete Change ☐ Addition NAMI STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-SI-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.