FILE NOW; FILING FEE AFTER MAY 1ST IS $550.00

PROFIT CORPORATION ANNUAL REPORT **1998**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

98 APR 24 PM 1:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P97000090510 (3)**

1. Corporation Name
TELECABLE II, INC.

Principal Place of Business
3300 S. HIAWASSEE RD., STE. 107
ORLANDO FL 32835

Mailing Address
~~3300 S. HIAWASSEE RD., STE. 107~~
~~ORLANDO FL 32835~~

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/21/1997

4. FEI Number: 59-3481161 — 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 or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

21	2. Principal Place of Business
22	Suite, Apt. #, etc
23	City & State
24	Zip
25	Country
26	2a. Mailing Address: P.O. Box 4961
27	Suite, Apt #, etc.
28	City & State: Orlando, FL
29	Zip: 32802-4961
30	Country: USA

9. Name and Address of Current Registered Agent
B&C CORPORATE SERVICES OF CENTRAL FLORIDA
390 N. ORANGE AVE., STE. 1100
ORLANDO FL 32801

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City — FL
85	Zip Code

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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

CR2E034 (10/97)

12. OFFICERS AND DIRECTORS

TITLE	D	☐ DELETE
NAME	CHIRA, LEE	
STREET ADDRESS	3300 S. HIAWASSEE RD., STE. 107	
CITY-ST-ZIP	ORLANDO FL 32835	
TITLE	D	☐ DELETE
NAME	KROPP, STEVEN G	
STREET ADDRESS	3200 S. HIAWASSEE RD., STE. 107	
CITY-ST-ZIP	ORLANDO FL 32835	
TITLE	D	☐ DELETE
NAME	CARLTON, CHARLES S	
STREET ADDRESS	3200 S. HIAWASSEE RD., STE. 107	
CITY-ST-ZIP	ORLANDO FL 32835	
TITLE	D	☐ DELETE
NAME	MCKINNEY, EUGENE J	
STREET ADDRESS	3200 S. HIAWASSEE RD., STE. 107	
CITY-ST-ZIP	ORLANDO FL 32835	
TITLE	D	☐ DELETE
NAME	LAWLER, THOMAS P	
STREET ADDRESS	3200 S. HIAWASSEE RD., STE. 107	
CITY-ST-ZIP	ORLANDO FL 32835	
TITLE	D	☐ DELETE
NAME	WILLNER, DAVID	
STREET ADDRESS	3200 S. HIAWASSEE RD., STE. 107	
CITY-ST-ZIP	ORLANDO FL 32835	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		200002513322--2
1.3 STREET ADDRESS		-05/06/98--01064--022
1.4 CITY-ST-ZIP		****150.00 ****150.00
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

A. Allen 4/24/98

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.

SIGNATURE: _____ Lee Chira 4/20/98 407/297-1600