2000 UNIFORM BUSINESS REPORT (UBR)

0109521

DOCUMENT # P97000090510

1. Entity Name

TELECABLE II, INC.

FILED

00 MAR 10 PM 4:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
3300 S. HIAWASSEE RD., STE. 107 ORLANDO FL 32835	P.O. BOX 4961 ORLANDO FL 32802-4961

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
800 N. HIGHLAND AVE	
Suite, Apt. #, etc. SUITE 200	Suite, Apt. #, etc.
City & State ORLANDO, FL	City & State
Zip 32803 Country USA	Zip Country

4. FEI Number 59-3481161 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
B&C CORPORATE SERVICES OF CENTRAL FLORIDA 390 N. ORANGE AVE., STE. 1100 ORLANDO FL 32801	Name Street Address (P.O. Box Number is Not Acceptable) City

800003204308--7
-04/11/00-01118--002
****150.00 ****150.00

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.

SIGNATURE _____ DATE

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS $150.00
After MAY 1, 2000 Fee will be $550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P KROPP, STEVEN G 3200 S. HIAWASSEE RD., STE. 206 ORLANDO FL 32835	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 800 N. HIGHLAND AVE, SUITE 200 ORLANDO, FL 32803
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPS CARLTON, CHARLES S 3300 S. HIAWASSEE RD., STE. 107 ORLANDO FL 32835	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 800 N. HIGHLAND AVE., SUITE 200 ORLANDO, FL 32803
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPAS MCKINNEY, EUGENE J 3200 S. HIAWASSEE RD., STE. 206 ORLANDO FL 32835	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 800 N. HIGHLAND AVE., SUITE 200 ORLANDO, FL 32803
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPAT LAWLER, THOMAS P 3200 S. HIAWASSEE RD., STE. 206 ORLANDO FL 32835	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 800 N. HIGHLAND AVE., SUITE 200 ORLANDO, FL 32803
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPT WILLNER, DAVID 3200 S. HIAWASSEE RD., STE. 206 ORLANDO FL 32835	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 800 N. HIGHLAND AVE., SUITE 200 ORLANDO, FL 32803
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP ☐ Change ☒ Addition TUTTLE, L. MILLS 800 N. HIGHLAND AVE., SUITE 200 ORLANDO, FL 32803

CR2E034 (9/99)

13. 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 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED 3-1-00 407/297-1600

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

STEVEN G. KROPP, PRESIDENT