2004 FOF PROFIT CORPORATION ANNUAL REPORT

SIGNATURE: _

DOCUMENT # P9700090510 1. Entity Name TELECABLE II, INC.							FILED 04 APR -5 PM 2: 48					
Principal Place 800 N. HIGHL ORLANDO, FL	AND AVE.,		Mailing Address P.O. BOX 4961 ORLANDO, FL 32802-4961				SECRETARY OF STATE TALLAHASSEE, FLORIDA					
2. Principal Pl	ace of Busin	ness	3. Mailing Address									
Suite, Apt. #, etc.			Suite, Apt. #, etc.				02232004	Chg-P	CR2E03	34 (10/03)	MRD	
City & State			City & State				4. FEI Numbe 59-348				plied For t Applicable	
Zip Country		Zip				5. Certificate of Status Desired						
	6. Name	and Address of Current	Registered Agen	gistered Agent Name			7. Name and Address of New Registered Agent					
B&C CORPORATE SERVICES OF CENTRAL FLORIDA 390 N. ORANGE AVE., STE. 1100 ORLANDO, FL 32801						Street Address (P.O. Box Number is Not Acceptable)						
									FL	Zip Code		
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 accepted the obligations of registered agent.											and accept	
SIGNATURE												
	Signature, typed	or printed name of registered agent	and title if applicable.	(NOTE: He	gistered Agent signature	e required	when reinstating)		DATE			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 9. Election Campaign Finance Trust Fund Contribution.							.00 May Be ed to Fees					
10.		OFFICERS AND	DIRECTORS		11.		ADDITIONS	CHANGES TO OF	FICERS AND			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	800 N. HI	R, ERIC S GHLAND AVE., STE. 2 O, FL 32803		Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP					☐ Change	Addition .	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	800 N. HI	N, CHARLES S IGHLAND AVE., STE. 2 O, FL 32803		Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		04 721		2203	Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	800 N. HI	EY, EUGENE J IGHLAND AVE., STE. 2 O, FL 32803		Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP					Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	800 N. HI	, THOMAS P IGHLAND AVE., STE. 2 O, FL 32803		Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP					☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	F	R, DAVID IGHLAND AVE., STE. 2 IO, FL 32803		Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP					☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	800 N. H	STEVEN G IGHLAND AVE., STE. 2 IO, FL 32803		Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP					☐ Change	Addition	
12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like appowered.												