2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P97000090510

1. Entity Name
TELECABLE II, INC.

FILED
05 APR 27 PM 3:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
800 N. HIGHLAND AVE., STE. 200 ORLANDO, FL 32803	P.O. BOX 4961 ORLANDO, FL 32802-4961

01042005 Chg-P CR2E034 (10/03)

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	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 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 accept the obligations of registered agent.

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

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE VT NAME PEISNER, ERIC S STREET ADDRESS 800 N. HIGHLAND AVE., STE. 200 CITY-ST-ZIP ORLANDO, FL 32803	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition 400054120734 05/10/05--01004--005 **150.00
TITLE VPS NAME CARLTON, CHARLES S STREET ADDRESS 800 N. HIGHLAND AVE., STE. 200 CITY-ST-ZIP ORLANDO, FL 32803	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE VPAS NAME MCKINNEY, EUGENE J STREET ADDRESS 800 N. HIGHLAND AVE., STE. 200 CITY-ST-ZIP ORLANDO, FL 32803	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE VPAT NAME LAWLER, THOMAS P STREET ADDRESS 800 N. HIGHLAND AVE., STE. 200 CITY-ST-ZIP ORLANDO, FL 32803	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE P NAME WILLNER, DAVID STREET ADDRESS 800 N. HIGHLAND AVE., STE. 200 CITY-ST-ZIP ORLANDO, FL 32803	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE V NAME KROPP, STEVEN G STREET ADDRESS 800 N. HIGHLAND AVE., STE. 200 CITY-ST-ZIP ORLANDO, 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 empowered.

SIGNATURE: _____ 4/20/05 407-292-7717
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Steven G. Kropp, Vice President

T. Roberts APR 27 2005