CABLE-CABLE, INC.					05-17-2001 91356 025 ***150.00				
rincipal Place of Business  Mailing Address  13 CHELSEA STREET  RLANDO FL 32803  Mailing Address  ORLANDO FL 32803				767620					
2. Principal Place of Business 3. Mailing Address									
Suite, Apt. #, etc.				DO NOT WRITE	IN THIS	SPACE			
City & State			4.	FEI Number 59-3472914		<u> </u>	pplied For ot Applicable		
Zip Coun		try	5.	Certificate of Status Desired			ditional		
Registered Agent	J		7. 1	Name and Address of New Re					
SEYMOUR, DOUGLAS F 2813 CHELSA ST ORLANDO FL 32803			Name						
			Street Address (P.O. Box Number is Not Acceptable)						
		City			FL	Zip Cod	le		
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.  FILE NOW!!! After MAY 1, 2001			00	10. Election Campaign Fina			00 May Be d to Fees		
				DITIONS/CHANGES TO OFFIC	ERS AND	DIRECTOR	S IN 11		
☐ Delete	TITLE NAMI STRE	E ET A <b>D</b> DR <b>E</b> SS		DINO.107.01.11.11.10.12.1.10.01.11.1	<u> </u>	Change	☐ Addition		
☐ Delete	NAMI STRE	E ET ADDRESS				☐ Change	☐ Addition		
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☐ Delete	NAME STREE CITY-	ET ADDRESS ST-ZIP				Change	Addition		
	2813 CHELSEA STREET ORLANDO FL 32803  3. Mailing Address Suite, Apt. #, etc. City & State Zip  Registered Agent  FILE NOW After MAY 1, 20 Make Check Payal  DIRECTORS  Delete  Delete  Delete  Delete	2813 CHELSEA STREET ORLANDO FL 32803  3. Mailing Address  Suite, Apt. #, etc.  City & State  Zip Coun  Registered Agent  FILE NOW!!! FEE After MAY 1, 2001 Fee Make Check Payable to De Make Check Payable to De DIRECTORS 12.  Delete TITLE NAME STREET CITY- DELET DELE	2813 CHELSEA STREET ORLANDO FL 32803  3. Mailing Address  Suite, Apt. #, etc.  City & State  Zip	2813 CHELSEA STREET ORLANDO FL 32903  3. Mailling Address  Suite, Apt. #, etc.  City & State  Zip  Country  Street Address (P.O. E  Street Address (P.O. E  City  or the purpose of changing its registered office or registered ag  and sale if applicable.  (NOTE: Registered Agent aignature required when re  FILE NOW!!! FEE IS \$150.00  After MAY 1, 2001 Fee will be \$550.00  Make Check Payable to Department of State  DIRECTORS  12. AC  ITILE  NAME  STREET ADDRESS  CITY-ST-ZIP  Delete  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	Mailing Address  2813 CHELSEA STREET ORLANDO FL 32803  3. Mailing Address  Suite, Apt. #, etc.  City & State  4. FEI Number 59-3472914  Zip Country 5. Certificate of Status Desired  Registered Agent 7. Name and Address of New Re Name  Street Address (P.O. Box Number is Not Acceptable)  City  If the purpose of changing its registered office or registered agent, or both, in the State of Flori  and sole if applicable.  (NOTE: Registered Agent agriculture required when interestating)  FILE NOW!!! FEE IS \$150.00  After MAY 1, 2001 Fee will be \$550.00  Make Check Payable to Department of State  Diffections  12. ADDITIONS/CHANGES TO OFFIC  MAME SIREET ADDRESS CITY-ST-ZIP  Delete  ITILE NAME SIREET ADDRESS CITY-ST-ZIP  Delete  TITLE NAME SIREET ADDRESS CITY-ST-ZIP  Delete  TITLE NAME SIREET ADDRESS CITY-ST-ZIP  Delete  TITLE NAME SIREET ADDRESS CITY-ST-ZIP  Delete TITLE NAME SIREET ADDRESS CITY-ST-ZIP  Delete TITLE NAME SIREET ADDRESS CITY-ST-ZIP  Delete TITLE NAME SIREET ADDRESS CITY-ST-ZIP  Delete TITLE NAME SIREET ADDRESS CITY-ST-ZIP  Delete TITLE NAME SIREET ADDRESS CITY-ST-ZIP  Delete TITLE NAME SIREET ADDRESS CITY-ST-ZIP  Delete TITLE NAME SIREET ADDRESS CITY-ST-ZIP  Delete TITLE NAME SIREET ADDRESS CITY-ST-ZIP  Delete TITLE NAME SIREET ADDRESS CITY-ST-ZIP  Delete TITLE NAME SIREET ADDRESS CITY-ST-ZIP  Delete TITLE NAME SIREET ADDRESS CITY-ST-ZIP  Delete TITLE NAME SIREET ADDRESS CITY-ST-ZIP  Delete SIREET ADDRESS CITY-ST-ZIP  Delete SIREET ADDRESS CITY-ST-ZIP  Delete SIREET ADDRESS CITY-ST-ZIP  Delete	Mailing Address  2813 CHELSEA STREET ORLANDO FL 32803  3. Mailing Address  Suite, Apt. #, etc.  Do NOT WRITE IN THIS S  City & State  4. FEI Number  59-3472914  Zip  Country  5. Certificate of Status Desired   Registered Agent  7. Name and Address of New Registered Agent   Street Address (P.O. Box Number is Not Acceptable)  City  FL  The purpose of changing its registored diffice or registered agent, or both, in the State of Florida.  In the purpose of changing its registored diffice or registered agent, or both, in the State of Florida.  In the purpose of changing its registored diffice or registered agent, or both, in the State of Florida.  PLE NOW!!! FEE IS \$150.00  After MAY 1, 2001 Fee will be \$550.00  Make Check Payable to Department of State  Directors  12. Additional Trust Fund Contribution.  DIRECTORS  12. Additional Trust Fund Contribution.  Directors  13. Additional Trust Fund Contribution.  The Make SIRET ADDRESS CITY-S1-ZIP  Delete  101. Blection Campaign Financing Trust Fund Contribution.  Trust Fund Contribution.  Trust Fund Contribution.  Trust Fund Contribution.  The Make SIRET ADDRESS CITY-S1-ZIP  Delete  101. Blection Campaign Financing Trust Fund Contribution.  Trust Fund Con	Mailing Address 2813 CHELSEA STREET ORLANDO FL 28203  3. Mailing Address Suite Apt. #, etc.  City & State  4. FEI Number 59-3472914  Zip Country 5. Certificate of Status Desired Street Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable)  City The purpose of changing its registered office or registered agent, or both, in the State of Florida.  Street Address (P.O. Box Number is Not Acceptable)  Attent Address (P.O. Box Number is Not Acceptable)  Address (P.O. Box Number is Not Acceptable)  Attent Address (P.O. Box Number is Not Acceptable)  Address (P.O. Box Number is Not Acceptable)  Address (P.O. Box Number is Not Acceptable)  Attent Address (P.O. B		

**2001 UNIFORM BUSINESS REPORT (UBR)** 

DOCUMENT # P97000092949

indicated on this report or supplied will disminig does not qualify for the exemption stated in Section 119.07(3)(1). 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 AND TYPED OF PRINTED NAME OF SIGNING OFFICER OF DIRECTOR