

**FOR PROFIT CORPORATION**  
**UNIFORM BUSINESS REPORT (UBR)**

*Amended UBR*

DOCUMENT # P97000098527

1. Entity Name

*Active CABLING, INC.*

**FILED**  
**Jun 25, 2002 8:00 A.M**  
**Secretary of State**

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
83 WALDON RD

3. Mailing Address  
83 WALDON RD

City & State  
CRAWFORDVILLE FL

4. FEI Number  
59-3900917

Zip  
32327

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

**DO NOT WRITE IN THIS SPACE**

**7. Name and Address of Current Registered Agent**

Name  
AL SHYKOFSKI

Street Address (P.O. Box Number is Not Acceptable)  
83 WALDON RD.

City  
CRAWFORDVILLE FL Zip Code  
32327

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 *AL SHYKOFSKI* AL SHYKOFSKI 6/27

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

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

**January 1 - May 1 Fee is \$150.00**  
**After May 1, Fee is \$550.00**  
**Amended UBR is \$61.25**  
**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**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
P  
AL SHYKOFSKI  
83 WALDON RD.  
CRAWFORDVILLE 32327

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**400006117864--2**  
**-07/01/02--01035--002**  
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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 on an attachment with an address, with an other, as empowered.

SIGNATURE: *AL SHYKOFSKI* AL SHYKOFSKI 6/27 567-0501

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

CR2E034B (12/01)