

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 28, 2008 08:00 AM
Secretary of State

DOCUMENT # P98000037663	
1. Entity Name SKYLINE DIGITAL CABLE, INC.	

Principal Place of Business 4235 SUNBEAM RD JACKSONVILLE FL 32257	Mailing Address 4235 SUNBEAM RD JACKSONVILLE FL 32257
---	---



2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
State, Apt. #, etc.		State, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

1st MOORE CR2E034 (10/07)

4. FEI Number 59-3507029	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent CREWS, JOHNNY R JR 4235 SUNBEAM RD JACKSONVILLE FL 32257	
--	--

7. Name and Address of New Registered Agent	
Name N/A	
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 _____ DATE _____
Signature, last or first name of registered agent and title, if applicable. If OFF, Registered Agent (signature) must be provided.

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee Will Be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees
---	---

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTS CREWS, JOHNNY R JR 12745 PLUMMER GRANT RD JACKSONVILLE FL 32258 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition U00000925048 05/20/08-80009-020 158.75
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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 exemptions contained in Section 119, 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: Johnny R. Crews Jr. (President) Johnny R. Crews Jr. Cell # (904) 294-0256
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date April 29, 2008