

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 25, 2007 8:00 am
Secretary of State

04-25-2007 90182 030 ***150.00

DOCUMENT # P98000056532

1. Entity Name

CLASSIC COMMUNICATIONS CORP.



Principal Place of Business

Mailing Address

~~PO BOX 812101~~

~~PO BOX 812101~~

~~BOCA RATON FL 33481~~

~~BOCA RATON FL 33481~~



2. Principal Place of Business - No P.O. Box #

2523 SW 12TH STREET

3. Mailing Address

2523 SW 12TH STREET

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/06)

City & State

BOYNTON BEACH, FL

City & State

BOYNTON BEACH, FL

4. FEI Number

65-0849573

Applied For

Not Applicable

Zip

33426

Country

USA

Zip

33426

Country

USA

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

DEGNAN, JAMES W

~~1009 NW 4TH AVE.~~

~~DELRAY BEACH FL 33444~~

Name

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

2523 SW 12TH STREET

City

BOYNTON BEACH

FL

Zip Code

33426

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 registering)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2007 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P
NAME DEGNAN, JAMES W MR.
STREET ADDRESS ~~PO BOX 812101~~
CITY-ST-ZIP ~~BOCA RATON FL 33481~~

☐ Delete

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 2523 SW 12TH STREET
CITY-ST-ZIP BOYNTON BEACH, FL 33426

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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:

James W Degnan JAMES W. DEGNAN 4-16-07 305-945-8844

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #