2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000068646 Apr 24, 2000 8:00 am Secretary of State 1. Entity Name H & E CABLE, INC. 04-24-2000 90039 012 ***150.00 Principal Place of Business Mailing Address 13303 WHEELER RD 13303 WHEELER RD DOVER FL 33527 DOVER FL 33527-5943 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3522927 Not Applicable Zip Country Country Zio \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name MERCER, LOREN E JR. Street Address (P.O. Box Number is Not Acceptable) 13303 WHEELER RD DOVER FL 33527 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. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. ☐ Addition ☐ Change TITLE ☐ Delete TITLE TAYLOR, HARRY D NAME NAME STREET ADDRESS STREET ADDRESS 13931 WALDEN SHEFFIELD RD CITY-ST-ZIP CITY-ST-ZIP DOVER FL 33527 ☐ Change Addition TITLE ☐ Delete TITLE MERCER, LOREN E JR. NAME NAME STREET ADDRESS 13303 WHEELER RD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOVER FL 33527 - - 🗀 Delete --TITLE ... - Change Addition TITLE: --NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITI F Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

13. I hereby certify that the information supplied with this filling 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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICE OR DIRECTOR

4-18-00

Daytime Phone #