2000 UNIFORM BUSINESS REPORT (UBR) FILED DOCUMENT # P98000082436 Mar 14, 2000 8:00 am **Secretary of State** UNITED CABLE COMMUNICATIONS GROUP OF ORLANDO, IN 03-14-2000 90026 025 ***150.00 Mailing Address Principal Place of Business 2946 N.W. 60TH STREET. 2946 N.W. 60TH STREET. FT. LAUDERDALE FL 33309-1735 FT. LAUDERDALE FL 33309 1.000000003. Mailing Address 2. Principal Place of Business 250 SW 13th Prvenue DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number 65-0875689 FL Not Applicable Yomano <u>രസാഹ</u> \$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 DAGINELLA, GARY Street Address (P.O. Box Number is Not Acceptable) 2946 N.W. 60TH STREET. FT. LAUDERDALE FL 33309 Zip Code 33069 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 (NOTE: Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and title if applicable 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 OFFICERS AND DIRECTORS 12. 11. Addition ☐ Delete TITLE DAGINELLA, GARY NAME NAME 2946 N.W. 60TH STREET. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP FT. LAUDERDALE FL 33309 CITY-ST-ZIP ■ Addition ☐ Change ☐ Delete TITLE TITLE CARRAFA, MICHAEL H NAME NAME STREET ADDRESS 2946 N.W. 60TH STREET. STREET ADDRESS FT-LAUDERDALE-FL-33309 CITY-ST-71P CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE TITLE TUCCIO, KENNETH NAME NAME STREET ADDRESS STREET ADDRESS 2946 N.W. 60TH STREET. CITY-ST-ZIP CITY-ST-ZIP FT. LAUDERDALE FL 33309 ☐ Change ☐ Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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 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 OFFICER OR DIRECTOR

Date

Date

Description Phone #