

2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P98000082436

FILED
Nov 01, 2005
Secretary of State

Entity Name: UNITED CABLE COMMUNICATIONS GROUP OF ORLANDO, INC.

Current Principal Place of Business:

1405 POINSETTIA DRIVE
SUITE 11
DELRAY BEACH, FL 33444 US

New Principal Place of Business:

Current Mailing Address:

1405 POINSETTIA DRIVE
SUITE 11
DELRAY BEACH, FL 33444 US

New Mailing Address:

FEI Number: 65-0875689

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DAGINELLA, GARY
1405 POINSETTIA DR STE 11
DELRAY BEACH, FL 33444 US

Name and Address of New Registered Agent:

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: GARY DAGINELLA

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: DAGINELLA, GARY
Address: 1405 POINSETTIA DR STE 11
City-St-Zip: DELRAY BEACH, FL 33444

Title: D () Delete
Name: CARRAFA, MICHAEL H
Address: 1405 POINSETTIA DR STE 11
City-St-Zip: DELRAY BEACH, FL 33444

Title: D () Delete
Name: TUCCIO, KENNETH
Address: 1405 POINSETTIA DR STE 11
City-St-Zip: DELRAY BEACH, FL 33444

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GARY DAGINELLA

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11/01/2005

Electronic Signature of Signing Officer or Director

Date