## 2008 FOR PROFIT CORPORATION

## FILED **ANNUAL REPORT** Mar 03, 2008 08:00 A DOCUMENT # P98000082436 **Secretary of State** UNITED CABLE COMMUNICATIONS GROUP OF ORLANDO, INC. Principal Place of Business Mailing Address 1405 POINSETTIA DRIVE 1405 POINSETTIA DRIVE SUITE 12 SUITE 12 DELRAY BEACH, FL 33444 DELRAY BEACH, FL 33444 US CR2E034 (11/05) No Chg-P 02272008 DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 65-0875689 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DAGINELLA, GARY DO NOT WRITE 1405 POINSETTIA DR STE 12 DELRAY BEACH, FL 33444 IN THIS SPACE 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 reinstating) DATE H00000845538 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 \$5.00 May Be 03/Ĭ4/08-80002-003 158.75 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE DAGINELLA, GARY NAME 1405 POINSETTIA DR STE 12 STREET ADDRESS CITY-ST-ZIP DELRAY BEACH, FL 33444 TITLE CARRAFA, MICHAEL H NAME STREET ADDRESS 1405 POINSETTIA DR STE 12 CITY-ST-ZIP DELRAY BEACH, FL 33444 TITLE TUCCIO, KENNETH NAME STREET ADDRESS 1405 POINSETTIA DR STE 12 DO NOT WRITE CITY-ST-ZIP DELRAY BEACH, FL 33444 TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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 of the corporation or the receiver or trustee empowered to execut changed, or on an attachment with an address, with all other like

CITY-ST-ZIP