

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**FILED**  
**Apr 27, 1999 8:00 am**  
**Secretary of State**

04-27-1999 90182 002 \*\*\*150.00

<b>PROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1999</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State <b>DIVISION OF CORPORATIONS</b>
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**DOCUMENT # P98000100795**

1. Corporation Name  
**CABLESTOREUSA, INC.**

Principal Place of Business <b>601 BAYSHORE BLVD., STE. 700 TAMPA FL 33606</b>	Mailing Address <b>601 BAYSHORE BLVD., STE. 700 TAMPA FL 33606</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 4400 140th Avenue North Suite, Apt. #, etc. 22 Suite 250 City & State 23 Clearwater, FL Zip 24 34622 Country 25 U.S.		2a. Mailing Address 26 4400 140th Avenue North Suite, Apt. #, etc. 27 Suite 250 City & State 28 Clearwater, FL Zip 29 34622 Country 30 U.S.		3. Date Incorporated or Qualified <b>12/03/1998</b>	
		4. FEI Number		<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> No Applicable	
		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
		8. This corporation owes the current year Intangible Personal Property Tax.		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>WAGER HUDOCK, LESLIE 601 BAYSHORE BLVD., STE. 700 TAMPA FL 33606</b>		10. Name and Address of New Registered Agent 81 Name <b>Martin L. Poad</b> 82 Street Address (P.O. Box Number is Not Acceptable) <b>4400 140th Avenue North</b> 83 <b>Suite 250</b> 84 City <b>Clearwater</b> <b>FL</b> 85 Zip Code <b>34622</b>	
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11. Pursuant to the provisions of Sections 607.0501 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: Martin L. Poad **Martin L. Poad** 4/19/99  
Signature, typed or printed name of registered agent and title if applicable (NOT E: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D/C/T <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Martin L. Poad	1.2 NAME	
STREET ADDRESS	4400 140th Avenue N., Suite 250	1.3 STREET ADDRESS	
CITY-ST-ZIP	Clearwater, FL 34622	1.4 CITY-ST-ZIP	
TITLE	D/S <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Diane R. Poad	2.2 NAME	
STREET ADDRESS	4400 140th Avenue N., Suite 250	2.3 STREET ADDRESS	
CITY-ST-ZIP	Clearwater, FL 34622	2.4 CITY-ST-ZIP	
TITLE	D/P <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Thomas W. Straub	3.2 NAME	
STREET ADDRESS	4400 140th Avenue N., Suite 250	3.3 STREET ADDRESS	
CITY-ST-ZIP	Clearwater, FL 34622	3.4 CITY-ST-ZIP	
TITLE	D/CFO/V <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	William A. Scott	4.2 NAME	
STREET ADDRESS	4400 140th Avenue N., Suite 250	4.3 STREET ADDRESS	
CITY-ST-ZIP	Clearwater, FL 34622	4.4 CITY-ST-ZIP	
TITLE	D/V <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Alan E. Higgins	5.2 NAME	
STREET ADDRESS	4400 140th Avenue N., Suite 250	5.3 STREET ADDRESS	
CITY-ST-ZIP	Clearwater, FL 34622	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed or on an attachment with an address, with a different like empowered.

SIGNATURE: Martin L. Poad **Martin L. Poad** 4/19/99 **727-524-8663**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/98)