2, 2000 UNIFORM BUSINESS REPORT (UBR) FILED Apr 24, 2000 8:00 am Secretary of State DOCUMENT # P98000100795 1. Entity Name CABLESTOREUSA, INC. 02-01-2000 90118 002 ***150.00 Principal Place of Business Mailing Address 4400 140TH AVENUE NORTH 4400 140TH AVENUE NORTH SUITE 250 SUITE 250 CLEARWATER FL 33762-3856 CLEARWATER FL 34622 2. Principal Place of Business 3. Mailing Address REC Notification 128 00 Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State APPLIED FOR Not Applicable 59-3618747 Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name POAD, MARTIN L Street Address (P.O. Box Number is Not Acceptable) 4400 140TH AVENUE NORTH SUITE 250 CLEARWATER FL 34622 FL Zip Code City 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 DATE (NOTE: Repistered Agent signature required when reinstalling) 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 11. ☐ Change Addition ☐ Delete TITLE POAD, MARTIN L NAME NAME STREET ADDRESS 4400 140TH AVENUE N., SUITE 250 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **CLEARWATER FL 34622** ☐ Addition ☐ Change Delete TITLE POAD, DIANE R NAME NAME STREET ADDRESS 4400 140TH AVENUE N., SUITE 250 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CLEARWATER FL 34622 Change Addition Ocieto HILE STRAUB, THOMAS W NAME NAME STREET ADDRESS STREET ADORESS 4400 140TH AVENUE N., SUITE 250 CITY-ST-ZIP CITY-ST-ZIP **CLEARWATER FL 34622** ☐ Change ☐ Addition TITLE D٧ ☐ Delete TITLE SCOTT, WILLIAM A NAME NAME STREET ADDRESS 4400 140TH AVENUE N., SUITE 250 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **CLEARWATER FL 34622** ☐ Channe Addition D٧ TITLE MILE 🔲 Delete HIGGINS, ALAN E NAME NAME STREET ADDRESS STREET ADDRESS 4400 140TH AVENUE N., SUITE 250 CITY-ST-ZIP CITY-ST-ZIP CLEARWATER FL 34622

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.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE: W

TITLE

STREET ADDRESS

CITY-ST-ZIF

Villam Utah V. T. William A. Scott

☐ Delete

Doverno Stroop 4

☐ Channe

☐ Addition