


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 22, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P98Q00100795</b> 1. Entity Name <b>CABLESTOREUSA, INC.</b>	
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Principal Place of Business <b>4400 140TH AVENUE NORTH SUITE 250 CLEARWATER, FL 34622</b>	Mailing Address <b>4400 140TH AVENUE NORTH SUITE 250 CLEARWATER, FL 34622</b>
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04192004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-3618747</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent  <b>POAD, MARTIN L 4400 140TH AVENUE NORTH SUITE 250 CLEARWATER, FL 34622</b>
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	<b>U000000123885 04/22/04-80022-019 150.00</b>
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<b>10. OFFICERS AND DIRECTORS</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DCT POAD, MARTIN L 4400 140TH AVENUE N., SUITE 250 CLEARWATER, FL 34622</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DS POAD, DIANE R 4400 140TH AVENUE N., SUITE 250 CLEARWATER, FL 34622</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DP STRAUB, THOMAS W 4400 140TH AVENUE N., SUITE 250 CLEARWATER, FL 34622</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DV SCOTT, WILLIAM A 4400 140TH AVENUE N., SUITE 250 CLEARWATER, FL 34622</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DV HIGGINS, ALAN E 4400 140TH AVENUE N., SUITE 250 CLEARWATER, FL 34622</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: William A. Scott William A. Scott 4/20/04 727-524-8663  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #