

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 20, 2006 08:00 AM
Secretary of State

DOCUMENT # P98000100795

1. Entity Name
CABLESTOREUSA, INC.



Principal Place of Business
4400 140TH AVENUE NORTH
SUITE 250
CLEARWATER, FL 34622

Mailing Address
4400 140TH AVENUE NORTH
SUITE 250
CLEARWATER, FL 34622



03152006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3618747

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

POAD, MARTIN L
4400 140TH AVENUE NORTH
SUITE 250
CLEARWATER, FL 34622

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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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U00000474459
04/04/06-80024-015 150.00

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
CDTP
POAD, MARTIN L
4400 140TH AVENUE N., SUITE 250
CLEARWATER, FL 34622

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DS
POAD, DIANE R
4400 140TH AVENUE N., SUITE 250
CLEARWATER, FL 34622

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DV
SCOTT, WILLIAM A
4400 140TH AVENUE N., SUITE 250
CLEARWATER, FL 34622

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DV
HIGGINS, ALAN E
4400 140TH AVENUE N., SUITE 250
CLEARWATER, FL 34622

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

William A. Scott

William A. Scott

3/15/06

727-524-8643

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone