

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000028433

FILED
Apr 29, 2008
Secretary of State

Entity Name: PREMIER CABLE DESIGNS, INC.

Current Principal Place of Business:

3801 CORPOREX PARK DRIVE
SUITE 100
TAMPA, FL 33619

New Principal Place of Business:

3514 WEST ARCH ST
SUITE 200
TAMPA, FL 33607

Current Mailing Address:

3801 CORPOREX PARK DRIVE
SUITE 100
TAMPA, FL 33619

New Mailing Address:

3514 WEST ARCH ST
SUITE 200
TAMPA, FL 33607

FEI Number: 59-3572298

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HELMS, MATTHEW
3201 HURLEY GROVE WAY
VALRICO, FL 33594 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: HELMS, MATTHEW
Address: 3201 HURLEY GROVE WAY
City-St-Zip: VALRICO, FL 33594

Title: O () Delete
Name: KNAPP, DANIEL
Address: 111 BELLE ISLE AVE
City-St-Zip: BELLEAIR BEACH, FL 33786

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DANIEL KNAPP

MR

04/29/2008

Electronic Signature of Signing Officer or Director

Date