

**2000 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # P99000031698**1. Entity Name  
**AERIAL CATV, INC.****FILED****00 OCT -2 PM 3:29****SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**Principal Place of Business  
**2551 SUNDOWN LANE  
LANTANA FL 33482**Mailing Address  
**2551 SUNDOWN LANE  
LANTANA FL 33482**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
**2551 Sundown Ln**  
Suite, Apt. #, etc.3. Mailing Address  
**2551 Sundown Ln**  
Suite, Apt. #, etc.City & State  
**Lantana FL**City & State  
**Lantana FL**4. FEI Number  
**65-0911511**Applied For  
☐ Not ApplicableZip  
**33462** Country  
**Palm Beach**Zip  
**33462** Country  
**Palm Beach**5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**6. Name and Address of Current Registered Agent  
**MACKAY, ANDREW T  
2551 SUNDOWN LANE  
LANTANA FL 33482**7. Name and Address of New Registered Agent  
Name **Andrew T Mackay**  
Street Address (P.O. Box Number is Not Acceptable)  
**2551 Sundown Ln**  
City **Lantana** FL Zip Code **33462**

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 **9-20-00**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐  
(See criteria on back)**FILE NOW!!! FEE IS \$550.00  
After SEPTEMBER 13, 2000 Min. will be \$750.00  
Make Check Payable to Department of State**10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees****11. OFFICERS AND DIRECTORS**TITLE **President** ☐ Delete  
NAME **Andrew T Mackay**  
STREET ADDRESS **2551 Sundown Ln**  
CITY-ST-ZIP **Lantana FL 33462**TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **8-18-00 (954) 868-5862**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CP2E034 (5/00)