

FILED
Apr 24, 2000 8:00 am
Secretary of State

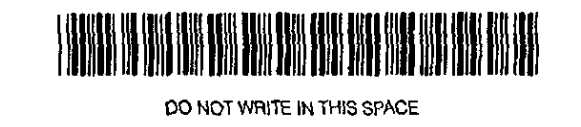
01-19-2000 90099 011 ***150.00

DOCUMENT # F99000055555
 1. Entity Name
PRIMECUT CABLE COMPANY, INC.

Principal Place of Business Mailing Address
 10923 WEYMOUTH CIRCLE, NORTH 10923 WEYMOUTH CIRCLE, NORTH
 JACKSONVILLE FL 32246 JACKSONVILLE FL 32246-9408

2. Principal Place of Business 3. Mailing Address
 10923 Weymouth Cir. N. 10923 Weymouth Cir. N.
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State 4. FEI Number Applied For
 Jacksonville, FL Jacksonville, FL 59-3583395 NOT Applicable
 Zip Country Zip Country
 32246 U.S. 32246 U.S.



6. Name and Address of Current Registered Agent
STONE, RONALD E
10923 WEYMOUTH CIRCLE, NORTH
JACKSONVILLE FL 32246

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City FL Zip Code

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. **FILE NOW!!! FEE IS \$150.00**
 After MAY 1, 2000 Fee will be \$550.00
 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	<input type="checkbox"/> Delete
NAME	Ronald E. Stone	
STREET ADDRESS	10923 Weymouth Cir. N.	
CITY-ST-ZIP	Jacksonville, FL 32246	
TITLE	Vice-President	<input type="checkbox"/> Delete
NAME	Gyna C. Stone	
STREET ADDRESS	10923 Weymouth Cir. N.	
CITY-ST-ZIP	Jacksonville, FL 32246	
TITLE	N/A	<input type="checkbox"/> Delete
NAME	N/A	
STREET ADDRESS	N/A	
CITY-ST-ZIP	N/A	
TITLE	N/A	<input type="checkbox"/> Delete
NAME	N/A	
STREET ADDRESS	N/A	
CITY-ST-ZIP	N/A	
TITLE	N/A	<input type="checkbox"/> Delete
NAME	N/A	
STREET ADDRESS	N/A	
CITY-ST-ZIP	N/A	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	N/A	
STREET ADDRESS	N/A	
CITY-ST-ZIP	N/A	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	N/A	
STREET ADDRESS	N/A	
CITY-ST-ZIP	N/A	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	N/A	
STREET ADDRESS	N/A	
CITY-ST-ZIP	N/A	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	N/A	
STREET ADDRESS	N/A	
CITY-ST-ZIP	N/A	

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: *Ronald E. Stone* 1/8/00 (904) 645-7095
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)