

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000071432

FILED
Apr 30, 2004
Secretary of State

Entity Name: COMMUNITY CABLE CORP.

Current Principal Place of Business:

5845 COLLINS AVENUE
406
MIAMI, FL 33140

New Principal Place of Business:

5845 COLLINS AVE
406
MIAMI, FL 33140

Current Mailing Address:

P O BOX 7567
INDIAN LAKES ESTATE, FL 33855

New Mailing Address:

FEI Number: 65-0944085 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HERMANOWSKI, JOAN A P.A
10735 SW 216TH ST
#B130
MIAMI, FL 33170 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: PD () Delete
Name: HERMANOWSKI, KIM
Address: 5845 COLLINS AVENUE # 406
City-St-Zip: MIAMI BEACH, FL 33140

Title: V () Delete
Name: FERNANDEZ, DEBRA
Address: 634 S LAKESHORE BLVD
City-St-Zip: LAKE WALES, FL 33853

Title: SD () Delete
Name: HERMANOWSKI, JOAN A
Address: 5845 COLLINS AVE
City-St-Zip: MIAMI, FL 33140

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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 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 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: KIM E. HERMANOWSKI

PD

04/30/2004

Electronic Signature of Signing Officer or Director

_____ Date