

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000071432

Entity Name: COMMUNITY CABLE CORP.

FILED
Mar 14, 2007
Secretary of State

Current Principal Place of Business:

10735 SW 216 STREET
404
MIAMI, FL 33170

New Principal Place of Business:

Current Mailing Address:

10735 SW 216 STREET
404
MIAMI, FL 33170

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
#404
MIAMI, FL 33170 US

Name and Address of New Registered Agent:

SMITH, JAMES
10735 SW 216TH ST
#404
MIAMI, FL 33170 US

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: JAMES SMITH

03/14/2007

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: D () Delete
Name: SMITH, JAMES H
Address: 14625 S.W. 63 CT.
City-St-Zip: CORAL GABLES, FL 33158

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PTD (X) Change () Addition
Name: HERMANOWSKI, KIM
Address: 445 N.E. 3RD ST
City-St-Zip: BOCA RATON, FL 33432

Title: VD (X) Change () Addition
Name: SMITH, JAMES
Address: 14625 S.W. 63 CT.
City-St-Zip: CORAL GABLES, FL 33158

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 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: KIM E HERMANOWSKI

PTD

03/14/2007

Electronic Signature of Signing Officer or Director

Date