# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Feb 17, 2009**
**Secretary of State**

DOCUMENT# P99000071432

**Entity Name:** COMMUNITY CABLE CORP.

**Current Principal Place of Business:**

10735 SW 216 STREET
# 404
MIAMI, FL 33170

**New Principal Place of Business:**

445 N.E. 3RD ST.
BOCA RATON, FL 33432

**Current Mailing Address:**

10735 SW 216 STREET
# 404
MIAMI, FL 33170

**New Mailing Address:**

445 N.E. 3RD ST.
BOCA RATON, FL 33432

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

**Name and Address of Current Registered Agent:**

SMITH, JAMES
10735 SW 216TH ST
#404
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: PTD ( ) Delete
Name: HERMANOWSKI, KIM
Address: 445 N.E. 3RD ST
City-St-Zip: BOCA RATON, FL 33432

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

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

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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: KIM E. HERMANOWSKI PSTD 02/17/2009

Electronic Signature of Signing Officer or Director — Date