2002 Uniform Business Report (UB	2002	UNIFORM	BUSINESS	REPORT	(UBR
----------------------------------	------	---------	----------	--------	------

Apr 03, 2002 8:00 am Secretary of State DOCUMENT # P99000088699 1. Entity Name 04-03-2002 90200 043 \*\*\*150 00 CABLE MODEM, INC. Principal Place of Business Mailing Address 4509 BEE RIDGE RD., SUITE B 4509 BEE RIDGE RD., SUITE B SARASOTA FL 34233 SARASOTA FL 34233 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE <u>Suite</u> City & State 4. FEI Number City & State Applied For 65-0953265 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Regulaco 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name WOOD, BRENDA E Street Address (P.O. Box Number is Not Acceptable) 4509 BEE RIDGE RD., SUITE B 4509 Beckidge Rd. Suite C SARASOTA FL 34233 Zip Code 8. The above named epity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE ited name of registered agent and title if applicable gistered Agent signature required when reinstating) DATE 9. This corporation is eligible to satisfy its Intangible FILE NOW! TEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITI F ☐ Addition ☐ Change 4509 Bee Ridge Rd., SviteC NAME SHERRY, RAYMOND G NAME STREET ADDRESS 4509 BEE RIDGE RD., SUITE B STREET ADDRESS CITY-ST-ZIP SARASOTA FL 34233 CITY-ST-7IP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 signaffure 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 recluired 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR