

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 17, 2003 8:00 am**  
**Secretary of State**

04-17-2003 90143 002 \*\*\*150.00

0416223 AV

**DOCUMENT # P99000106618**

1. Entity Name

**MEDIACOM NETWORKING TECHNOLOGIES, INC.**



Principal Place of Business

**ATTN: DAVE ELLSWORTH  
2235 NW 14TH STREET  
DELRAY BEACH FL 33445**

Mailing Address

**ATTN: DAVE ELLSWORTH  
2235 NW 14TH STREET  
DELRAY BEACH FL 33445**

2. Principal Place of Business

**507 LIVE OAK LANE**

3. Mailing Address

**507 LIVE OAK LANE**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**WESTON, FL.**

City & State

**WESTON, FL.**

Zip

**33327**

Country

**USA**

Zip

**33327**

Country

**USA**

4. FEI Number

**65-0968196**

Applied For

Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional Fee Required**

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**ELLSWORTH, DAVID  
2235 NW 14TH STREET  
DELRAY BEACH FL 33445**

7. Name and Address of New Registered Agent

Name **DAVID ELLSWORTH, JR.**  
Street Address (P.O. Box Number is Not Acceptable)  
**507 LIVE OAK LANE**  
City **WESTON** FL Zip Code **33327**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

*[Signature]*

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2003 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CEO ELLSWORTH, DAVE 2235 NW 14TH STREET DELRAY BEACH FL 33445</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP ELLSWORTH, DAVID SR 2812 PICKFAIR COURT KISSIMMEE FL 34743</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP HODGES, DEBBIE 2235 NW 14TH STREET DELRAY BEACH FL 33445</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CEO DAVID ELLSWORTH, JR. 507 LIVE OAK LANE WESTON, FL 33327</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP DEBBIE HODGES 507 LIVE OAK LANE WESTON, FL 33327</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/13/03

Date

561-441-8885

Daytime Phone #

CR2E034 (10/02)