

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S90153

1. Entity Name

SOUTHERN CABLE SYSTEMS, INC.

FILED
May 16, 2001 8:00 am
Secretary of State

05-16-2001 90194 025 ***158.75

Principal Place of Business

2640 GOLDEN GATE PARKWAY
SUITE 304
NAPLES FL 34105
US

Mailing Address

2640 GOLDEN GATE PARKWAY
SUITE 304
NAPLES FL 33942
US

656776



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1076 Goodlette Road N
Suite, Apt. #, etc.

3. Mailing Address

1076 Goodlette Road N
Suite, Apt. #, etc.

City & State

NAPLES FL

City & State

NAPLES FL

4. FEI Number

65-0294396

Applied For

Not Applicable

Zip

34102

Country

Zip

34102

Country

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CRONACHER, ROY W JR.
2640 GOLDEN GATE PARKWAY
SUITE 304
NAPLES FL 34105

Name

Street Address (P.O. Box Number is Not Acceptable)

1076 Goodlette Road N.

City

NAPLES

FL

Zip Code

34102

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back)



FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution.



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

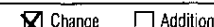
11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PSD
CRONACHER, ROY W., JR.
2640 GOLDEN GATE PARKWAY, SUITE 304
NAPLES FL



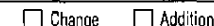
TITLE
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STREET ADDRESS
CITY-ST-ZIP
1076 Goodlette Road N
NAPLES FL 34102



TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP



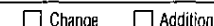
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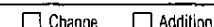
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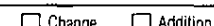
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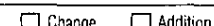
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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 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

4-30-2001

Date

941-645-8606

Daytime Phone #

CR2E034 (10/00)