FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # V67982

DIRECT CABLE CONCEPTS, INC.

Principal Place of Business

Mailing Address

FILED May 05, 1999 8:00 am Secretary of State

05-05-1999 90139 026 ***150.00



NAME	3699 S ORANGE BLOSSOM TRAIL ORLANDO FL 32839		3699 S ORANGE BLOSSOM TRAIL ORLANDO FL 32839				DO NOT WRI	TE IN THIS	SPAC	E	
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29	City & State	=	City & State				6. Election Campaign Financing		\$5	.00	vlay Be
Zip Country Zip Country Zip Country 2 30 No. Personal property Tax Yes No.	23		28			l	Trust Fund Contribution	i,	A	ided to	Fees
9. Name and Address of Current Registered Agent POWELL, JOSEPH D 3699 S. ORANGE BLOSSOM TRAIL ORLANDO FL 32839 14 City 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Slatutes, the above-named corporation submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent amount of membrane agent, and accept the oxiginations of, Section 607.0505, Florida Statutes. SIGNATURE Signature 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1 TITLE P NAME POWELL, JOSEPH D 3699 S. ORANGE BLOSSOM TRAIL 12. SIGNET ADDRESS PORTING STATE STA				_ `	y		•	ent year Into			□No
POWELL, JOSEPH D 3699 S. ORANGE BLOSSOM TRAIL ORLANDO FL 32839 84 City FL 85 Zip Code 11. Pursuant to the provisions of Sections 607 0502 and 607 1509. Florids Statutes, the above-named corporation submits this statement for the purpose of changing its register office or registered agent or both, in the State of Florids. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered office or registered agent and state of the obligations of, Section 607 0505, Florids Statutes. SIGNATURE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1 TITLE 14. OFFICERS AND DIRECTORS 15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1 TITLE 15. OFFICERS AND DIRECTORS 16. STREET ADDRESS 16. STREET ADDRESS 17. ST.ZP 18. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1 19. STREET ADDRESS 19. STRE		9. Name and Address of Curren	t Registered Agent				10. Name and Address of New F	legistered .	Agent		_
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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 report or suppliemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an comporation of the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in 14. I hereby certify that the indicated on this annu officer or director of the indicate of th