

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 MAY -1 PM 9:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **853200**

(4)

1. Corporation Name
CABLEREP, INC.

Principal Place of Business 1400 LAKE HEARN DRIVE ATTN: CORP. TAX DEPT ATLANTA GE 30319 US	Mailing Address 1400 LAKE HEARN DRIVE ATTN: CORP TAX DEPT. ATLANTA GE 30319 US
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 06/18/1982	3a. Date of Last Report 04/18/1994
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2. Principal Place of Business 21	2a. Mailing Address 26
22	27
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4. FEI Number 59-1444671	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent
**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or 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. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (Signature typed or printed name of registered agent and title, if applicable) (DATE) Registered Agent signature required when registering (DATE)

12. OFFICERS AND DIRECTORS

TITLE	PO
NAME	ROBBINS, JAMES O.
STREET ADDRESS	1400 LAKE HEARN DR.
CITY, ST, ZIP	ATLANTA GA
TITLE	V
NAME	DALVI, AJIT M.
STREET ADDRESS	1400 LAKE HEARN DR.
CITY, ST, ZIP	ATLANTA GA
TITLE	TD
NAME	HAYES, JIMMY W.
STREET ADDRESS	1400 LAKE HEARN DR.
CITY, ST, ZIP	ATLANTA GA
TITLE	D
NAME	HATCHER, JAMES A.
STREET ADDRESS	1400 LAKE HEARN DRIVE
CITY, ST, ZIP	ATLANTA GA
TITLE	VP
NAME	BARNETT, PRESTON B
STREET ADDRESS	1400 LAKE HEARN DR
CITY, ST, ZIP	ATLANTA GA
TITLE	S
NAME	MERDEK, ANDREW A
STREET ADDRESS	1400 LK HEARN DR
CITY, ST, ZIP	ATLANTA GA

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY, ST, ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY, ST, ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY, ST, ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY, ST, ZIP	
51 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY, ST, ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY, ST, ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Sections 119 (17)(3)(A), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made in person. 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 12 or Block 13 if changed or in an attachment with an address.

SIGNATURE: *Preston B. Barnett* **PRESTON B. BARNETT** 4/20/95 (404) 843-5000
VICE PRESIDENT - TAX