

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 853200 (4)

1. Corporation Name
CABLEREP, INC.



Principal Place of Business: 1400 LAKE HEARN DRIVE, ATTN: CORP. TAX DEPT, ATLANTA GA 30319 US
Mailing Address: 1400 LAKE HEARN DRIVE, ATTN: CORP TAX DEPT., ATLANTA GA 30319 US

3. Date Incorporated or Qualified: 06/18/1982
3a. Date of Last Report: 05/01/1995

2. Principal Place of Business		2a. Mailing Address		4. FEI Number		Applied For	
21		26		58-1444671		Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	
22		27		6. Election Campaign Financing		<input type="checkbox"/> \$5.00 May Be Added to Fees	
City & State		City & State		Trust Fund Contribution		<input type="checkbox"/>	
23		28		8. This corporation has liability for intangible tax under s 199.032, Florida Statutes			
Zip		Country		29		30	
24		25		29		30	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD ROBBINS, JAMES O. 1400 LAKE HEARN DR. ATLANTA GA	<input type="checkbox"/> DELETE	1. 1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	V DALVI, AJIT M. 1400 LAKE HEARN DR. ATLANTA GA	<input checked="" type="checkbox"/> DELETE	2. 1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	TD HAYES, JIMMY W. 1400 LAKE HEARN DR. ATLANTA GA	<input checked="" type="checkbox"/> DELETE	2. 2 NAME D Hayes, Jimmy W. 1400 Lake Hearn Drive Atlanta, GA. 30319
CITY-ST-ZIP	D HATCHER, JAMES A. 1400 LAKE HEARN DRIVE ATLANTA GA	<input type="checkbox"/> DELETE	2. 3 STREET ADDRESS T Jacobson, Richard J. 1400 Lake Hearn Drive Atlanta, GA. 30319
CITY-ST-ZIP	V BARNETT, PRESTON B 1400 LAKE HEARN DR ATLANTA GA	<input type="checkbox"/> DELETE	3. 1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
CITY-ST-ZIP	S MERDEK, ANDREW A 1400 LK HEARN DR ATLANTA GA	<input type="checkbox"/> DELETE	3. 2 NAME 3. 3 STREET ADDRESS 3. 4 CITY-ST-ZIP
CITY-ST-ZIP			4. 1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP			4. 2 NAME
CITY-ST-ZIP			4. 3 STREET ADDRESS
CITY-ST-ZIP			4. 4 CITY-ST-ZIP
CITY-ST-ZIP			5. 1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP			5. 2 NAME
CITY-ST-ZIP			5. 3 STREET ADDRESS
CITY-ST-ZIP			5. 4 CITY-ST-ZIP
CITY-ST-ZIP			6. 1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP			6. 2 NAME
CITY-ST-ZIP			6. 3 STREET ADDRESS
CITY-ST-ZIP			6. 4 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 Section 119.07(3)(k), 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 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Preston B. Barnett* PRESTON B. BARNETT VICE PRESIDENT - TAX 4/11/96 (404) 843-5184
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)