

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 03, 2002 8:00 am
Secretary of State
09-03-2002 90166 046 ***550.00

DOCUMENT # F01000004968
1. Entity Name
MAGNUM CABLE CORPORATION

Principal Place of Business
5250 NAIMAN PKWY
SOLON OH 44139
Mailing Address
5250 NAIMAN PKWY
SOLON OH 44139

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip
Country

4. FEI Number 34-1555773
Applied For
Not Applicable
5. Certificate of Status Desired
\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
HAGAMAN, DANIEL K
10743 DRUMMOND RD.
TAMPA FL 33615

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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 DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
FILE NOW!!! FEE IS \$550.00
After September 13, 2002 Fee will be \$750.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. \$5.00 May Be Added to Fees

Table with 2 columns: TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP. Rows include KOBERNA, THOMAS M; GERSTENFELD, MITZI; GERSTENFELD, MARTIN O; GERSTENFELD, MITZI.

Table with 2 columns: TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP. Rows include SD (SECRETARY AND DIRECTOR); DUPLICATE.

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: X [Signature] THOMAS M. KOBERNA X 8/28/02 440-519-2323
Date Daytime Phone #

CD02024 1/1/02