

**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 # **F95000003961 (8)**

1. Corporation Name

**KELLY CABLE SERVICES, INC.**



Principal Place of Business

Mailing Address

1124 LINCOLN AVENUE  
PROSPECT PARK PA 19076

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PROSPECT PARK PA 19076

3. Date Incorporated or Qualified

08/16/1995

3a. Date of Last Report

21 2. Principal Place of Business  
200 Continental Drive

2a. Mailing Address  
26 200 Continental Drive

4. FEI Number  
13-3839556

Applied For  
Not Applicable

22 Suite, Apt. #, etc. Suite 200

27 Suite, Apt. #, etc. Suite 200

5. Certificate of Status Desired  \$8.75 Additional Fee Required

23 City & State Newark, DE

28 City & State Newark, DE

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

24 Zip 19713

25 Country USA

29 Zip 19713

30 Country USA

8. This corporation has liability for intangible tax under s 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM, INC.  
1201 HAYS STREET, STE 105  
TALLAHASSEE FL 32301

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City  
85 Zip Code FL

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	<input type="checkbox"/> DELETE
NAME	KELLY, WILLIAM	
STREET ADDRESS	1124 LINCOLN AVENUE	
CITY-ST-ZIP	PROSPECT PARK PA	
TITLE	VTD	<input type="checkbox"/> DELETE
NAME	SUGUTA, HIROSHI	
STREET ADDRESS	335 MADISON AVENUE	
CITY-ST-ZIP	NEW YORK NY	
TITLE	S	<input type="checkbox"/> DELETE
NAME	SENDYK, KAREN B	
STREET ADDRESS	335 MADISON AVENUE	
CITY-ST-ZIP	NEW YORK NY	
TITLE	CD	<input type="checkbox"/> DELETE
NAME	OHTSU, MASAKAZU	
STREET ADDRESS	335 MADISON AVENUE	
CITY-ST-ZIP	NEW YORK NY	
TITLE	D	<input type="checkbox"/> DELETE
NAME	AIKAWA, HIROSHI	
STREET ADDRESS	335 MADISON AVENUE	
CITY-ST-ZIP	NEW YORK NY	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)