

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra H. Morton
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 MAY 1 11 03 35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L03405** (2)

CABLE CONCEPTS, INC.

DO NOT WRITE IN THIS SPACE

Principal Office Location: 4873 ASHTON RD, SARASOTA FL 34233-0406
Mailing Address: 4873 ASHTON RD, SARASOTA FL 34233-0406

2. Date of Incorporation	2a. Mailing Address	3. Date of Incorporation or Transfer	3a. Date of Last Report
21	26 5824 BEE RIDGE ROAD	07/19/1989	02/10/1994
22. State Agent Name	27. Suite, Apt. #, etc.	4. FFI Number	Applied For / Not Applicable
22	27 SUITE 322	NOT APPLICABLE	
23. City & State	28. City & State	5. Certificate of Status Desired	\$8.75 Additional Fee Required
23	28 SARASOTA, FL		
24. Country	29. Zip Code	6. Election Campaign Financing / Trust Fund Contribution	\$5.00 May Be Added to Fees
24	29 34233-5054		
25. Country	30. U.S.A.	7. This corporation has liability for attaching tax on its 1994/1995 Federal Income Tax	X Yes [] No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
BLEVINS, REBECCA N. 4873 ASHTON RD SARASOTA FL 34233-0406	81 Name 82 Street Address (P.O. Box Number is Not Applicable) 83 84 City FL 85 Zip Code

11. I, the undersigned, do hereby certify that the above named corporation complies with the provisions of Chapter 190, Florida Statutes. The above named corporation submits this statement for the purpose of changing its registered office or registered agent of both in the state of Florida. Such change was authorized by the corporation's board of directors, thereby, accepting the payment of the required agent fee. I am a resident of the state of Florida.

SIGNATURE: *Rebecca N. Blevins* 4/28/95

12. OFFICERS AND DIRECTORS	13. ADDITIONAL MANAGERS, OFFICERS AND DIRECTORS																								
<table border="1"> <tr> <td>NAME</td> <td>DPV</td> </tr> <tr> <td>STREET ADDRESS</td> <td>BLEVINS, REBECCA N.</td> </tr> <tr> <td>CITY</td> <td>4873 ASHTON RD</td> </tr> <tr> <td>STATE</td> <td>SARASOTA FL</td> </tr> </table>	NAME	DPV	STREET ADDRESS	BLEVINS, REBECCA N.	CITY	4873 ASHTON RD	STATE	SARASOTA FL	<table border="1"> <tr> <td>NAME</td> <td>D, P, T, S</td> </tr> <tr> <td>STREET ADDRESS</td> <td>BLEVINS, REBECCA N.</td> </tr> <tr> <td>CITY</td> <td>4873 ASHTON ROAD</td> </tr> <tr> <td>STATE</td> <td>SARASOTA, FL 34233</td> </tr> <tr> <td>NAME</td> <td>V</td> </tr> <tr> <td>STREET ADDRESS</td> <td>BLEVINS, JOHN W.</td> </tr> <tr> <td>CITY</td> <td>4873 ASHTON ROAD</td> </tr> <tr> <td>STATE</td> <td>SARASOTA, FL 34233</td> </tr> </table>	NAME	D, P, T, S	STREET ADDRESS	BLEVINS, REBECCA N.	CITY	4873 ASHTON ROAD	STATE	SARASOTA, FL 34233	NAME	V	STREET ADDRESS	BLEVINS, JOHN W.	CITY	4873 ASHTON ROAD	STATE	SARASOTA, FL 34233
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14. I, the undersigned, do hereby certify that the information furnished with this filing is voluntarily furnished and is true and accurate for the corporation defined in Section 190.01(1)(a), Florida Statutes. I further certify that the information included 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 a copy of this report of the corporation or the return of the corporation was filed for the report as required by Chapter 190, Florida Statutes, and that my name appears in Block 1, or Block 1, of the report as so authorized with an address.

SIGNATURE: *Rebecca N. Blevins* 4/28/95 813-923-4363