

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 22, 2000 8:00 am
Secretary of State

04-22-2000 90057 005 ***150.00

DOCUMENT # L03405

1. Entity Name
CABLE CONCEPTS, INC.

Principal Place of Business 2025 C PORTER LAKE DR C SARASOTA FL 34240-8852 US	Mailing Address 2025-C PORTER LAKE DR STE C SARASOTA FL 34240-8854
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2. Principal Place of Business <i>6150 Porter Road</i>	3. Mailing Address <i>5824 BEE RIDGE Rd.</i>
Suite, Apt. #, etc.	Suite, Apt. #, etc. <i>PMB 322</i>

City & State <i>SARASOTA FL</i>	City & State <i>SARASOTA, FL</i>	4. FEI Number 65-0132581	Applied For <input type="checkbox"/> Not Applicable
Zip <i>34240</i>	Country <i>USA</i>	Zip <i>34233</i>	Country <i>USA</i>



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

BLEVINS, REBECCA N.
 2025 C PORTER LAKE DR
 SARASOTA FL 34240

7. Name and Address of New Registered Agent

Name *REBECCA N. BLEVINS*
 Street Address (P.O. Box Number is Not Acceptable)
6150 PORTER ROAD
 City *SARASOTA* FL *34240*

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.

SIGNATURE *Rebecca N. Blevins* DATE *4/13/00*

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. (See criteria on back) <input type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPTS BLEVINS, REBECCA N. 7316 PALOMINO PLACE SARASOTA FL 34241 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BLEVINS, JOHN W. 7316 PALOMINO PLACE SARASOTA FL 34241 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Rebecca N. Blevins* DATE *4/13/00* DAYTIME PHONE # *941-923-4363*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)