FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB 22 AM 9: 53

DOCUMENT # M85898 (8)

1. Corporation Name
CABLE SCIENCE CORPORATION

Principal Place of Business	Mailing Address
% MARVIN W. LEWIS, ESQ. 4740 N STATE RD #7, STE 106 FT LAUDERDALE FL 33319	% MARVIN W. LEWIS, ESQ. 4740 N STATE RD #7, STE 106 FT LAUDERDALE FL 33319

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/17/1988
3a. Date of Last Report: 03/28/1994
4. FEI Number: 65-0059618 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business: 21 900 N. Federal Hwy	2a. Mailing Address: 26 900 N. Federal Hwy
Suite, Apt. #, etc: 22 240	Suite, Apt. #, etc: 27 240
City & State: 23 Boca Raton, FL	City & State: 28 Boca Raton, FL
Zip: 24 33308 Country: 25 Palm Beach	Zip: 29 33308 Country: 30 Palm Beach

9. Name and Address of Current Registered Agent

LEWIS, MARVIN W., ESQ.
799 BRICKELL PLAZA
#702
MIAMI FL 33131-2704

10. Name and Address of New Registered Agent

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 [illegible] DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	11 TITLE	☐ Change ☐ Addition
NAME	LEVY, JACK L	12 NAME	
STREET ADDRESS	972 CYPRESS DR.	13 STREET ADDRESS	
CITY-ST-ZIP	DELRAY BCH. FL	14 CITY-ST-ZIP	
TITLE	TS	21 TITLE	☒ Change ☐ Addition
NAME	PRINTZ, WILLIAM	22 NAME	
STREET ADDRESS	1421 S OCEAN BLVD	23 STREET ADDRESS	5555 N. Ocean Blvd #88
CITY-ST-ZIP	POMPANO BEACH FL	24 CITY-ST-ZIP	Ft. Lauderdale, FL 33308
TITLE	EVP	31 TITLE	☐ Change ☐ Addition
NAME	RICE, THOMAS	32 NAME	
STREET ADDRESS	229 WATERSIDE DRIVE	33 STREET ADDRESS	
CITY-ST-ZIP	LITTLE FERRY NJ	34 CITY-ST-ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 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 the 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: William Printz — 2/16/95 — 407-368-5300

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

WILLIAM PRINTZ

0227838 CP