

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Apr 22 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # M85898 (8)
1. Corporation Name
CABLE SCIENCE CORPORATION

Principal Place of Business
900 N FEDERAL HWY
SUITE 240
BOCA RATON FL 33308
US

Mailing Address
ONE MEDIA CROSSWAYS
WOODBURY NY 11797



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 One Media Crossways Suite, Apt. #, etc.		2a. Mailing Address 26 27 City & State 23 Woodbury NY 28 Zip 24 11797 25 Country USA		3. Date Incorporated or Qualified 06/17/1988	
22		29		4. FEI Number 65-0059618 Applied For Not Applicable	
23		30		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
24		31		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
25		32		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

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

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

Signature: typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	LEVY, JACK L	
STREET ADDRESS	972 CYPRESS DR.	
CITY-ST-ZIP	DELRAY BCH. FL	
TITLE	TS	<input checked="" type="checkbox"/> DELETE
NAME	PRINTZ, WILLIAM	
STREET ADDRESS	5555 N OCEAN BLVD #88	
CITY-ST-ZIP	FT LAUDERDALE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Director/Chairman	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Charles Dolan	
1.3 STREET ADDRESS	One Media Crossways	
1.4 CITY-ST-ZIP	Woodbury NY 11797	
2.1 TITLE	Director & CEO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	James Dolan	
2.3 STREET ADDRESS	One Media Crossways	
2.4 CITY-ST-ZIP	Woodbury NY 11797	
3.1 TITLE	Director & VC	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Marc Lustgarten	
3.3 STREET ADDRESS	One Media Crossways	
3.4 CITY-ST-ZIP	Woodbury NY 11797	
4.1 TITLE	Director & VC	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	William Bell	
4.3 STREET ADDRESS	One Media Crossways	
4.4 CITY-ST-ZIP	Woodbury NY 11696	
5.1 TITLE	Director/EVP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Robert S. Lemle	
5.3 STREET ADDRESS	One Media Crossways	
5.4 CITY-ST-ZIP	Woodbury NY 11797	
6.1 TITLE	Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Andrew Rosengard	
6.3 STREET ADDRESS	One Media Crossways	
6.4 CITY-ST-ZIP	Woodbury NY 11696	

14. 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 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 its 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

CR2E034 (10/97)