

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

1082  
0149201 MB

**DOCUMENT # S36777**

1. Entity Name  
**PALM BEACH GROUP CABLE, INC.**

Principal Place of Business  
1 NORTH MAIN STREET  
COUDERSPORT PA 16915  
US

Mailing Address  
1 NORTH MAIN STREET  
COUDERSPORT PA 16915  
US

2. Principal Place of Business  
Suite, Apt. #, etc.  
City & State  
Zip Country

3. Mailing Address  
Suite, Apt. #, etc.  
City & State  
Zip Country



**FILED**

03 SEP 10 PM 3:30

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



CHECK HERE IF MAKING CHANGES *3*

4. FEI Number **25-1660392** Applied For  Not Applicable

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

6. Name and Address of Current Registered Agent  
**CT CORPORATION SYSTEM  
C/O CT CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND RD.  
PLANTATION FL 33324**

7. Name and Address of New Registered Agent  
Name  
Street Address (P.O. Box Number is Not Acceptable) **1000358554**  
**09/26/03--01018--033 \*\*550.00**  
City **FL** Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$550.00**  
**After September 10, 2003 Fee will be \$750.00**  
**Make Check Payable to Florida Department of State**

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DP RIGAS, JOHN J. 1 NORTH MAIN STREET COUDERSPORT PA 16915</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>President Ron Cooper 1 North Main Street Coudersport, PA 16915</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DVS RIGAS, MICHAEL J. 1 NORTH MAIN STREET COUDERSPORT PA 16915</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>AVP Brad Sonnenberg 1 North Main Street Coudersport, PA 16915</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DVT RIGAS, TIMOTHY J. 1 NORTH MAIN STREET COUDERSPORT PA 16915</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Vice-Pres. / Treasurer Christine Morris North Main Street Coudersport, PA 16915</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DV RIGAS, JAMES P. 1 NORTH MAIN STREET COUDERSPORT PA 16915</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>C.E.O. William Schleyer North Main Street Coudersport, PA 16915</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPAS FISHER, RANDALL D 1 NORTH MAIN STREET COUDERSPORT PA 16915</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VAS Maria Arias North Main Street Coudersport, PA 16915</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VAT Scott MacDonald North Main Street Coudersport, PA 16915</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* **SIGNATURE REQUIRED** *9/4/03* *303-268-6455*

Date Daytime Phone #

CR2E034 (4/03)

2502

EXHIBIT VIII

NAME	OFFICE/TITLE	MAILING ADDRESS	RESIDENCE ADDRESS
Phil Lochner	Director	1 North Main Street Coudersport, PA 16915	(Not available at this time)
Bill Schleyer	CEO	1 North Main Street Coudersport, PA 16915	20 South Road Rye Beach, NH 03871
Ron Cooper	President	1 North Main Street Coudersport, PA 16915	4690 E. Perry Parkway Greenwood Village, CO 80121
Vanessa Wittman	CFO	1 North Main Street Coudersport, PA 16915	6345 East Tufts Avenue Cherry Hills Village, Colorado 80111
Scott MacDonald	Assistant Treasurer	1 North Main Street Coudersport, PA 16915	878 Brixham Place Castle Rock, CO 80108
Brad Sonnenberg	Secretary	1 North Main Street Coudersport, PA 16915	3329 East Bayaud Ave. Denver, CO 80209
Maria G. Arias	Asst. Corp. Secretary	1 North Main Street Coudersport, PA 16915	15409 E. Progress Circle Centennial, CO 80015
Susan Ness	Director	1 North Main Street Coudersport, PA 16915	(Not available at this time)
Christine Morris	Treasurer	1 North Main Street Coudersport, PA 16915	(Not available at this time)