


2005 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
Jan 31, 2005 08:00 AM
Secretary of State

DOCUMENT # S36777 1. Entity Name PALM BEACH GROUP CABLE, INC.	
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Principal Place of Business 5619 DTC PARKWAY SUITE 800 GREENWOOD VILLAGE, CO 80111 US	Mailing Address 5619 DTC PARKWAY SUITE 800 GREENWOOD VILLAGE, CO 80111 US
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01062005 No Chg-P CR2E034 (10/03)

4. FEI Number 25-1660392	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEOD SCHLEYER, WILLIAM T 5619 DTC PKWY STE 800 GREENWOOD VILLAGE, CO 80111
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD COOPER, RON 5619 DTC PKWY STE 800 GREENWOOD VILLAGE, CO 80111
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVPS SONNENBERG, BRAD 5619 DTC PKWY STE 800 GREENWOOD VILLAGE, CO 80111
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVPT WITTMAN, VANESSA 5619 DTC PKWY STE 800 GREENWOOD VILLAGE, CO 80111
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPAS ZEREFOS, JAMES 5619 DTC PKWY STE 800 GREENWOOD VILLAGE, CO 80111
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS WATERMAN, KATHY L 5619 DTC PKWY STE 800 GREENWOOD VILLAGE, CO 80111

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02/01/05-80045-005 150.00

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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: Kathy L. Waterman 1-7-2005 (303) 268-6300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Kathy L. Waterman, Assistant Secretary