

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S36777

FILED  
Jan 06, 2006  
Secretary of State

Entity Name: PALM BEACH GROUP CABLE, INC.

**Current Principal Place of Business:**

5619 DTC PARKWAY  
SUITE 800  
GREENWOOD VILLAGE, CO 80111 US

**New Principal Place of Business:**

**Current Mailing Address:**

5619 DTC PARKWAY  
SUITE 800  
GREENWOOD VILLAGE, CO 80111 US

**New Mailing Address:**

FEI Number: 25-1660392      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 323012525 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: CEOD ( ) Delete  
Name: SCHLEYER, WILLIAM T  
Address: 5619 DTC PKWY STE 800  
City-St-Zip: GREENWOOD VILLAGE, CO 80111

Title: PD ( ) Delete  
Name: COOPER, RON  
Address: 5619 DTC PKWY STE 800  
City-St-Zip: GREENWOOD VILLAGE, CO 80111

Title: EVPS ( ) Delete  
Name: SONNENBERG, BRAD  
Address: 5619 DTC PKWY STE 800  
City-St-Zip: GREENWOOD VILLAGE, CO 80111

Title: EVPT ( ) Delete  
Name: WITTMAN, VANESSA  
Address: 5619 DTC PKWY STE 800  
City-St-Zip: GREENWOOD VILLAGE, CO 80111

Title: VPAS ( ) Delete  
Name: ZEREFOS, JAMES  
Address: 5619 DTC PKWY STE 800  
City-St-Zip: GREENWOOD VILLAGE, CO 80111

Title: AS (X) Delete  
Name: WATERMAN, KATHY L  
Address: 5619 DTC PKWY STE 800  
City-St-Zip: GREENWOOD VILLAGE, CO 80111

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAMES ZEREFOS

VPAS

01/06/2006

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date