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(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

\_\_\_\_\_  
(Business Entity Name)

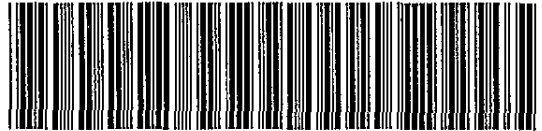
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CORPORATION  
ANNUAL REPORT  
1993



FLORIDA DEPARTMENT OF STATE  
Jan. Bruch  
Secretary of State  
DIVISION OF CORPORATIONS

1. Name and Mailing Address of Corporation **DOCUMENT # S36777 (8)**  
**PALM BEACH GROUP CABLE, INC.**  
**PO BOX 472**  
**COUDERSPORT PA 16915-0472**

Filing Fee: **\$200.00**  
Annual Report Fee: **\$125.00**  
Supplemental Fee: **\$138.75**  
**MAKE CHECK PAYABLE TO DEPARTMENT OF STATE**

3. Date of Report of Officers: **03/11/1991**  
4. Filing Date: **04/29/1992**  
5. Certificate of Status Number: **251660392**

21. Mailing Address	22. State, Apt. #, etc.	23. City & State	24. Zip	25. Country	26. Principal Place of Business	27. State, Apt. #, etc.	28. City & State	29. Zip	30. Country	6. Filing Date of Report of Officers	7. Filing Date of Supplemental Fee	8. Total Amount of Fees
												<b>\$8.75 Additional Fee Required</b> <b>\$5.00 May Be Added to Fees</b> <b>\$138.75 Supplemental Fee Not Required</b>

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
<b>PRENTICE HALL CORPORATION SYSTEM INC.</b> <b>110 NORTH MAGNOLIA</b> <b>TALLAHASSEE FL 32301</b>	<b>PRENTICE HALL CORPORATION SYSTEM INC.</b> <b>110 NORTH MAGNOLIA</b> <b>TALLAHASSEE FL 32301</b>

11. Pursuant to the provisions of Sections 607.0502 and 607.1703 or Sections 607.0502 and 607.1506, Florida Statutes, the above named corporation is hereby authorized to file this report with the Department of State for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change will be effective on the date of filing of this report, except that the effective date shall be the date of filing of this report if the change is a change of registered office and the change of registered office is in a different county than the current registered office.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. OFFICERS AND DIRECTOR CHANGES	
1. TITLE	D/P	1. TITLE	
2. NAME	RIGAS, JOHN J.	2. NAME	
3. ADDRESS	5 W. 3RD ST.	3. ADDRESS	
4. CITY, ST. ZIP	COUDERSPORT PA	4. CITY, ST. ZIP	
5. TITLE	D/V	5. TITLE	
6. NAME	RIGAS, MICHAEL J.	6. NAME	
7. ADDRESS	5 W. 3RD ST.	7. ADDRESS	
8. CITY, ST. ZIP	COUDERSPORT PA	8. CITY, ST. ZIP	
9. TITLE	D/V/T	9. TITLE	
10. NAME	RIGAS, TIMOTHY J.	10. NAME	
11. ADDRESS	5 W. 3RD ST.	11. ADDRESS	
12. CITY, ST. ZIP	COUDERSPORT PA	12. CITY, ST. ZIP	
13. TITLE	D/V	13. TITLE	
14. NAME	RIGAS, JAMES P.	14. NAME	
15. ADDRESS	5 W. 3RD ST.	15. ADDRESS	
16. CITY, ST. ZIP	COUDERSPORT PA	16. CITY, ST. ZIP	
17. TITLE	D/V/S	17. TITLE	
18. NAME	MILLIARD, DANIEL R.	18. NAME	
19. ADDRESS	5 W. 3RD ST.	19. ADDRESS	
20. CITY, ST. ZIP	COUDERSPORT PA	20. CITY, ST. ZIP	
21. TITLE	ASST. SEC'Y	21. TITLE	
22. NAME	FISHER, RANDALL D.	22. NAME	
23. ADDRESS	5 W 3RD ST.	23. ADDRESS	
24. CITY, ST. ZIP	COUDERSPORT PA	24. CITY, ST. ZIP	

14. I certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my capital stock has been properly valued in accordance with the Florida Statutes. I further certify that I am an officer or director of the corporation or the receiver or trustee empowered to conduct the report as required by Chapter 607 of the Florida Statutes, and that my name appears in Block 12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22, or 23 in attachment with an affidavit.

SIGNATURE: Randall D. Fisher DATE: 3/4/93  
 Title: Assistant Secretary  
 Filing Telephone Number: (814) 274-9830