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(Requestor's Name)

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(City/State/Zip/Phone #)

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

\_\_\_\_\_  
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1994		FLORIDA DEPARTMENT OF STATE Jan Smith Secretary of State DIVISION OF CORPORATIONS	
1. Corporation Name PALM BEACH GROUP CABLE, INC.		DOCUMENT # S36777 (8)	
Mailing Address P.O. BOX 472 COUDERSPORT PA 16915		Principal Place of Business P.O. BOX 472 COUDERSPORT PA 16915	
3. Date Incorporated or Qualified: 03/11/1991			
3a. Date of Last Report: 03/09/1993			
2. Mailing Address 21 State, Apt. #, etc. 22 City & State 23 Zip		2a. Principal Place of Business 25 State, Apt. #, etc. 27 City & State 28 Zip	
4. FEI Number 25-1660392		5. Certificate of Status Deemed \$8.75 Additional Fee Required <input type="checkbox"/>	
7. Non-Resident Excise Tax \$138.75 Supplemental Fee <input type="checkbox"/>		8. This corporation has liability for interest on tax under S. 193(3), Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent PRENTICE HALL CORPORATION SYSTEM INC. 110 NORTH MAGNOLIA TALLAHASSEE FL 32301		10. Name and Address of New Registered Agent 31 Name: THE PRENTICE HALL CORPORATION SYSTEM, INC. 32 Street Address: 1201 HAYES STREET 33 SUITE 105 34 City: TALLAHASSEE FL 32301	
11. Pursuant to the provisions of Sections 607.01(2) and 607.16, or Sections 617.05(2) and 617.15(9), Florida Statutes, the above named corporation hereby makes 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 designation as registered agent. I am familiar with and accept the obligations of Section 607.05(5) or 617.05(3), Florida Statutes.			
SIGNATURE		DATE	
12. OFFICERS AND DIRECTORS		13. CHANGES TO OFFICERS AND DIRECTORS IN '93	
11 TITLE	D/P	11 TITLE	
12 NAME	RIGAS, JOHN J.	12 NAME	
13 STREET ADDRESS	5 W. 3RD ST.	13 STREET ADDRESS	
14 CITY, ST. ZIP	COUDERSPORT PA	14 CITY, ST. ZIP	
21 TITLE	D/V	21 TITLE	
22 NAME	RIGAS, MICHAEL J.	22 NAME	
23 STREET ADDRESS	5 W. 3RD ST.	23 STREET ADDRESS	
24 CITY, ST. ZIP	COUDERSPORT PA	24 CITY, ST. ZIP	
31 TITLE	D/V/T	31 TITLE	
32 NAME	RIGAS, TIMOTHY J.	32 NAME	
33 STREET ADDRESS	5 W. 3RD ST.	33 STREET ADDRESS	
34 CITY, ST. ZIP	COUDERSPORT PA	34 CITY, ST. ZIP	
41 TITLE	D/V	41 TITLE	
42 NAME	RIGAS, JAMES P.	42 NAME	
43 STREET ADDRESS	5 W. 3RD ST.	43 STREET ADDRESS	
44 CITY, ST. ZIP	COUDERSPORT PA	44 CITY, ST. ZIP	
51 TITLE	D/V/S	51 TITLE	
52 NAME	MILLIARD, DANIEL R.	52 NAME	
53 STREET ADDRESS	5 W. 3RD ST.	53 STREET ADDRESS	
54 CITY, ST. ZIP	COUDERSPORT PA	54 CITY, ST. ZIP	
61 TITLE	A/S	61 TITLE	
62 NAME	FISHER RANDALL D	62 NAME	
63 STREET ADDRESS	5 W 3RD ST.	63 STREET ADDRESS	
64 CITY, ST. ZIP	COUDERSPORT PA	64 CITY, ST. ZIP	
14. I do hereby certify that the information set forth with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(a) in the event that the information supplied is determined to be exempt from public access. 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. I have fulfilled all obligations concerning unclaimed property imposed by Chapter 717, Florida Statutes, 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 or Chapter 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or over-attached, with an address.			
SIGNATURE: <i>Randall D. Fisher</i>		7/7/94 (814) 274-9830	
PRINTED AND TYPED NAME OF OFFICER OR DIRECTOR RANDALL D. FISHER, ASSISTANT SECRETARY			