

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F03000005394

FILED
Jan 16, 2007
Secretary of State

Entity Name: KNOLOGY BROADBAND OF FLORIDA, INC.

Current Principal Place of Business:

1241 O.G. SKINNER DRIVE
WEST POINT, GA 31833

New Principal Place of Business:

Current Mailing Address:

1241 O.G. SKINNER DRIVE
WEST POINT, GA 31833

New Mailing Address:

FEI Number: 20-0152023 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: CEO () Delete
Name: JOHNSON, RODGER L
Address: 1241 O.G. SKINNER DRIVE
City-St-Zip: WEST POINT, GA 31833

Title: CFO () Delete
Name: HOLT, MICHAEL T
Address: 1241 O.G. SKINNER DRIVE
City-St-Zip: WEST POINT, GA 31833

Title: SEC () Delete
Name: WACHTER, CHAD S
Address: 1241 O.G. SKINNER DRIVE
City-St-Zip: WEST POINT, GA 31833

Title: VP () Delete
Name: BOCCUCCI, FELIX
Address: 1241 O.G. SKINNER DRIVE
City-St-Zip: WEST POINT, GA 31833

Title: DIR () Delete
Name: LANIER, CAMPBELL B
Address: 1241 O.G. SKINNER DRIVE
City-St-Zip: WEST POINT, GA 31833

Title: DIR () Delete
Name: SCOTT, WILLIAM H
Address: 1241 O.G. SKINNER DRIVE
City-St-Zip: WEST POINT, GA 31833

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: CFI (X) Change () Addition
Name: HOLT, MICHAEL T
Address: 1241 O.G. SKINNER DRIVE
City-St-Zip: WEST POINT, GA 31833

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: COURTNEY K. CHERRY

TAX

01/16/2007

Electronic Signature of Signing Officer or Director

_____ Date