

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **F95000006063**

1. Corporation Name

ADVANCE/NEWHOUSE COMMUNICATIONS CORP.

Principal Place of Business

Mailing Address

5015 CAMPUSWOOD DRIVE
 E SYRACUSE NY 13057

~~5015 CAMPUSWOOD DRIVE~~
~~E SYRACUSE NY 13057~~

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, if Applicable

3. New Mailing Office Address, if Applicable

A.J. Steinhauer c/o Sabin

4. Date Incorporated or Qualified To Do Business in Florida

12/13/1995

Suite, Apt. #, etc.

Suite, Apt. #, etc. **Bermant & Gould LLP**

5. FEI Number

13-3056265

Applied For

Not Applicable

City & State

350 Madison Ave

City & State

New York, NY

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

Zip

Country

Zip

Country

10017

NY

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PD	MIRON, ROBERT J	5015 CAMPUSWOOD DRIVE	E SYRACUSE NY
VD	NEWHOUSE, DONALD E	NEWARK MORNING LEDGER CO	NEWARK NJ
SD	NEWHOUSE JR, SAMUEL I	30 JOURNAL SQUARE	JERSEY CITY NJ
TD	MIRON, ROBERT J	5015 CAMPUSWOOD DR.	E SYRACUSE NY

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

Name

Street Address (P.O. Box Number Is Not Acceptable)

Suite, Apt. #, Etc.

3000002344853--0

City

11/12/97--01084--009

*****750 SUIT ***750.00**

FL

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent

Charles W. Meyer
Charles W. Meyer, REGISTERED AGENT MUST SIGN

Date

11/10/97

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes No

(See other side for Information on Intangible tax.)

12. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

REINSTATEMENT 97



FILED
 97 NOV 10 PM 3:46
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

CR2EM0 (8/97)