

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 01, 2000 8:00 am**  
**Secretary of State**

02-01-2000 90094 024 \*\*\*150.00

**DOCUMENT # F95000006063**

1. Entity Name  
**ADVANCE/NEWHOUSE COMMUNICATIONS CORP.**

Principal Place of Business 5015 CAMPUSWOOD DRIVE E SYRACUSE NY 13057		Mailing Address A.J. STEINHAUER, % SABIN, BERMANT & GOULD 350 MADISON AVENUE NEW YORK NY 10017-3703	
2. Principal Place of Business		3. Mailing Address A.J. Steinhauer c/o Sabin, Bermant & Gould LLP	
Suite, Apt. #, etc.		Suite, Apt. #, etc. Four Times Square	
City & State		City & State New York, New York	
Zip	Country	Zip	Country
		10036	U S A



DO NOT WRITE IN THIS SPACE

4. FEI Number <b>13-3056265</b>		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent		7. 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) City <b>FL</b>   Zip Code	

8. 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.  (See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MIRON, ROBERT J	NAME	
STREET ADDRESS	5015 CAMPUSWOOD DRIVE	STREET ADDRESS	
CITY-ST-ZIP	E SYRACUSE NY	CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NEWHOUSE, DONALD E	NAME	
STREET ADDRESS	NEWARK MORNING LEDGER CO	STREET ADDRESS	
CITY-ST-ZIP	NEWARK NJ	CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NEWHOUSE JR, SAMUEL I	NAME	
STREET ADDRESS	30 JOURNAL SQUARE	STREET ADDRESS	
CITY-ST-ZIP	JERSEY CITY NJ	CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MIRON, ROBERT J	NAME	
STREET ADDRESS	5015 CAMPUSWOOD DR.	STREET ADDRESS	
CITY-ST-ZIP	E SYRACUSE NY	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** \_\_\_\_\_ **SIGNATURE REQUIRED** Robert J. Miron, President 1/21/2000 (212)381-7018  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #