

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 26, 2000 8:00 am
Secretary of State

04-26-2000 90082 014 ***150.00

DOCUMENT # F98000002669

1. Entity Name
KNOLOGY OF FLORIDA, INC.

Principal Place of Business 1241 O.G. SKINNER DR. WEST POINT GA 31833	Mailing Address 1241 O.G. SKINNER DR. WEST POINT GA 31833-1789
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State	4. FEI Number 52-2098257	Applied For <input type="checkbox"/> Not Applicable
Zip	Country	Zip	Country



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	
TITLE PCEO NAME MORROW, WILLIAM E STREET ADDRESS 1241 O.G. SKINNER DR. CITY-ST-ZIP WEST POINT GA 31833	<input checked="" type="checkbox"/> Delete
TITLE PCOO NAME JOHNSON, RODGER STREET ADDRESS 1241 O.G. SKINNER DR. CITY-ST-ZIP WEST POINT GA 31833	Delete
TITLE AS NAME BOCCUCCI, FELIX L STREET ADDRESS 1241 O.G. SKINNER DR. CITY-ST-ZIP WEST POINT GA 31833	<input type="checkbox"/> Delete
TITLE D NAME SCOTT, WILLIAM H III STREET ADDRESS 1241 O.G. SKINNER DR. CITY-ST-ZIP WEST POINT GA 31833	<input type="checkbox"/> Delete
TITLE D NAME LANIER, CAMPBELL B III STREET ADDRESS 1241 O.G. SKINNER DR. CITY-ST-ZIP WEST POINT GA 31833	<input type="checkbox"/> Delete
TITLE D NAME BURTEN, DONALD STREET ADDRESS 1241 O. G. SKINNER DRIVE CITY-ST-ZIP WEST POINT GA 31833	<input checked="" type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P/CEO NAME RODGER L. JOHNSON STREET ADDRESS 1241 O.G. SKINNER DRIVE CITY-ST-ZIP WEST POINT, GA 31833	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE VP/CFD/T NAME ROBERT K. MILLS STREET ADDRESS 1241 O.G. SKINNER DRIVE CITY-ST-ZIP WEST POINT, GA 31833	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE VP NAME FELIX L. BOCCUCCI, JR. STREET ADDRESS 1241 O.G. SKINNER DRIVE CITY-ST-ZIP WEST POINT, GA 31833	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE VP/S NAME CHAD S. WHACTER STREET ADDRESS 1241 O.G. SKINNER DRIVE CITY-ST-ZIP WEST POINT, GA 31833	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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] **4/17/00** **(706) 645-8553**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)