

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS

FILED Apr 23, 1999 8:00 am Secretary of State

04-23-1999 90086 017 ***150.00

DOCUMENT # F98000004921

1. Corporation Name COX COMMUNICATIONS NCC, INC.

Principal Place of Business 1400 LAKE HEARN DRIVE, N.E. ATLANTA GA 30319 Mailing Address 1400 LAKE HEARN DRIVE, N.E. ATLANTA GA 30319

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country 25 26 Mailing Address 27 Suite, Apt. #, etc. 28 City & State 29 Zip 30 Country

3. Date Incorporated or Qualified 08/31/1998 4. FEI Number 58-2164886 Applied For Not Applicable 5. Certificate of Status Desired \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees 8. This corporation owes the current year intangible Personal Property Tax. Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

81 Name CSC 82 Street Address (P.O. Box Number is Not Acceptable) 83 CHANGE IN PROGRESS 84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits 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 appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HATCHER, JAMES A	1.2 NAME	
STREET ADDRESS	1400 LAKE HEARN DRIVE, N.E.	1.3 STREET ADDRESS	
CITY-ST-ZIP	ATLANTA GA 30319	1.4 CITY-ST-ZIP	
TITLE	DV <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAYES, JIMMY W	2.2 NAME	
STREET ADDRESS	1400 LAKE HEARN DRIVE, N.E.	2.3 STREET ADDRESS	
CITY-ST-ZIP	ATLANTA GA 30319	2.4 CITY-ST-ZIP	
TITLE	DP <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROBBINS, JAMES O	3.2 NAME	
STREET ADDRESS	1400 LAKE HEARN DRIVE, N.E.	3.3 STREET ADDRESS	
CITY-ST-ZIP	ATLANTA GA 30319	3.4 CITY-ST-ZIP	
TITLE	VP <input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARNETT, PRESTON B	4.2 NAME	PRESTON B. BARNETT
STREET ADDRESS	1400 LAKE HEARN DRIVE, N.E.	4.3 STREET ADDRESS	1400 LAKE HEARN DR.
CITY-ST-ZIP	ATLANTA GA 30319	4.4 CITY-ST-ZIP	ATLANTA, GA. 30319
TITLE	VP <input type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DALVI, AJIT M	5.2 NAME	AJIT M. DALVI
STREET ADDRESS	1400 LAKE HEARN DRIVE, N.E.	5.3 STREET ADDRESS	1400 LAKE HEARN DR.
CITY-ST-ZIP	ATLANTA GA 30319	5.4 CITY-ST-ZIP	ATLANTA, GA. 30319
TITLE	S <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MERDEK, ANDREW A	6.2 NAME	
STREET ADDRESS	1400 LAKE HEARN DRIVE, N.E.	6.3 STREET ADDRESS	
CITY-ST-ZIP	ATLANTA GA 30319	6.4 CITY-ST-ZIP	

14. 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 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; 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered

SIGNATURE: Preston B. Barnett REQUIRE Vice President - Tax 2/15/99 404-843-5000 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/98)



DO NOT WRITE IN THIS SPACE