2001 UNIFORM BUSINESS REPORT (UBR)

Apr 28, 2001 8:00 am Secretary of State DOCUMENT # F98000004921 COX COMMUNICATIONS NCC, INC. 04-28-2001 90079 011 ***150.00 Principal Place of Business Mailing Address COX ENTERPRISES. INC./CORPORATE TAX DEPT COX ENTERPRISES. INC./CORPORATE TAX DEPT 1400 LAKE HEARN DR 1400 LAKE HEARN DR ATLANTA GA 30319 ATLANTA GA 30319 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 58-2164886 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CORPORATION SERVICE COMPANY Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET TALLAHASSEE FL 32301 City 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME HATCHER, JAMES A STREET ADDRESS STREET ADDRESS 1400 LAKE HEARN DRIVE, N.E. CITY-ST-ZIP CITY-ST-ZIP ATLANTA GA 30319 ☐ Delete TITLE TITLE Change Addition DV NAME NAME HAYES, JIMMY W STREET ADDRESS STREET ADDRESS 1400 LAKE HEARN DRIVE, N.E. CITY-ST-ZIP CITY-ST-ZIP ATLANTA GA 30319 ☐ Delete TITLE TITLE Change ☐ Addition NAME NAME ROBBINS, JAMES O STREET ADDRESS STREET ADDRESS 1400 LAKE HEARN DRIVE, N.E. CITY-ST-ZIP CITY-ST-ZIP ATLANTA GA 30319. TITLE Delete TITLE Change Addition NAME NAME BARNETT, PRESTON B STREET ADDRESS STREET ADDRESS 1400 LAKE HEARN DR. CITY-ST-ZIP CITY-ST-ZIP ATLANTA GA 30319 Delete TITLE TITLE Change ☐ Addition NAME NAME DALVI, AJIT M STREET ADDRESS STREET ADDRESS 1400 LAKE HEARN DR. CITY-ST-ZIP CITY-ST-ZIP ATLANTA GA 30319 TITLE ☐ Delete TITLE ☐ Change Addition S NAME NAME MERDEK, ANDREW A STREET ADDRESS STREET ADDRESS 1400 LAKE HEARN DRIVE, N.E.

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.

CITY-ST-ZIP

ATLANTA GA 30319

CITY-ST-7IP

SIGNATURE:

AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SR2E034 (10/00)