

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M96000000383

1. Entity Name

BENCHMARK CABLE COMMUNICATIONS L.L.C.

Principal Place of Business

21545 RIDGETOP CIRCLE
STERLING VA 20166

Mailing Address

21545 RIDGETOP CIRCLE
STERLING VA 20166

2. Principal Place of Business

1 North Main Street

Suite, Apt. #, etc.

3. Mailing Address

1 North Main Street

Suite, Apt. #, etc.

City & State

Coudersport, PA

Zip

16915

Country

City & State

Coudersport, PA

Zip

16915

Country

4. FEI Number

54-1820136

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

400004036724--1
-04/20/01--01118--025
*****50.00 *****50.00

9. MANAGING MEMBERS/MEMBERS

TITLE NAME MGRM BENCHMARK MEDIA, INC. ☐ Delete
STREET ADDRESS 21545 RIDGETOP CIRCLE
CITY-ST-ZIP STERLING VA

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE NAME MGRM BENCHMARK MEDIA, INC. ☐ Change ☐ Addition
STREET ADDRESS 1 North Main Street
CITY-ST-ZIP Coudersport PA 16915

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: *Randall D. Fisher* Randall D. Fisher

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

4/10/01 (814) 274-9830

Date

Daytime Phone #

VP of the member

0027137 AF

CR2E083 (11/00)

