

2nd and
FINAL NOTICE: File on or before Sept. 29, 1999 or Limited Liability Company
will be dissolved.

LIMITED LIABILITY COMPANY ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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FILED *7/29*
99 JUL 27 PM 1:42
SECRETARY OF STATE
TALLAHASSEE FLORIDA

FILING FEE \$ 588.75	Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee + \$400.00 Late Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE
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1. Name and Mailing Address of Limited Liability Company	DOCUMENT # M98000000855
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FALCON CABLE COMMUNICATIONS, LLC
10900 WILSHIRE BOULEVARD, 15TH FLOOR
LOS ANGELES CA 90024

1a. Principal Place of Business Address 10900 WILSHIRE BOULEVARD, 15 LOS ANGELES CA 90024

2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country	2a. Mailing Address Suite, Apt. #, etc. City & State Zip Country	3. Date Organized or Qualified 08/06/1998 4. FEI Number 52-2095707 5. Date of Last Report	3a. State of Formation DE ☐ Applied For ☐ Not Applicable 6. Certificate of Status Desired \$8.75 Additional Fee Required ☐
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7. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324	8. Name and Address of New Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City FL Zip Code
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9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company 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 affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.

SIGNATURE _____ DATE _____
(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reappointing)

10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGRM	FALCON COMMUNICATIONS,	10900 WILSHIRE BOULEVARD,	LOS ANGELES CA

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****588.75 ****588.75

11. I do 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 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; and that my name appears in Block 10, or on an attachment with an address.

SIGNATURE: *Michael K Menerey* **MICHAEL K MENEREY** 7/19/99 (626)792-7132
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER, OFFICER OR SECRETARY FOR FALCON COMMUNICATIONS
Date: Day: the Phone: #