2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED AND FILED
00 APR -5 PM 2:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M98000001186

1. Entity Name
TIME WARNER TELECOM HOLDINGS II LLC

Principal Place of Business	Mailing Address
~~5700 SOUTH QUEBEC STREET~~ ~~GREENWOOD VILLAGE CO 80111~~	% TWC TAX DEPT. P.O. BOX 6659 ENGLEWOOD CO 80155-6659

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
10475 Park Meadows Drive			
Suite, Apt. #, etc.: Ste 400		Suite, Apt. #, etc.	
City & State: Littleton Co		City & State	
Zip: 80124	Country	Zip	Country

4. FEI Number: 84-1465464 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324	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

9. MANAGING MEMBERS/MEMBERS		10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM TIME WARNER TELECOM HOLDINGS INC. ~~5700 SOUTH QUEBEC STREET~~ ~~GREENWOOD VILLAGE CO 80111~~ ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☑ Change ☐ Addition 10475 Park Meadows Drive Littleton Co 80124
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 800003224318--2 -04/26/00--01020--001 *****50.00 *****50.00
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E083 (9/99)

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: SIGNATURE REQUIRED 3/22/00 (303) 799-1200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER — Date — Daytime Phone #