


**LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 91004 002 ****50.00

DOCUMENT # M99000001448 1. Entity Name Cox Communications Gulf Coast, L.L.C.	
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DO NOT WRITE IN THIS SPACE

30063038

2. Principal Place of Business 6205 Peachtree Dunwoody Rd. Suite, Apt. #, etc.		3. Mailing Address 6205 Peachtree Dunwoody Rd. Suite, Apt. #, etc. Attn: Corp Tax Dept. - 12th Flr		4. FEI Number 58-2487265		Applied For Not Applicable
City & State Atlanta, GA		City & State Atlanta, GA		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required		
Zip 30328	Country USA	Zip 30328	Country USA			

DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE	7. Name and Address of Current Registered Agent	
	Name Corporation Service Company	
	Street Address (P.O. Box Number is Not Acceptable)	
	1201 Hays Street	
	City Tallahassee	FL Zip Code 32301

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. I am familiar with, and accept the obligations of registered agent.

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

FEE IS \$50.00
Make Check Payable to Florida Department of State
DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM - Cox Comm. Pensacola, L.L.C. 6205 Peachtree Dunwoody Rd Atlanta, GA 30328	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM - Cox Florida Cable Partners 6205 Peachtree Dunwoody Rd Atlanta, GA 30328	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM - Cox Communications Florida 6205 Peachtree Dunwoody Rd Atlanta, GA 30328	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
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CR2E0838 (12/02)

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: Preston B. Barnett Preston B. Barnett 4/22/03 678-645-0000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #