

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S80206

FILED  
May 05, 2004  
Secretary of State

Entity Name: KNOLOGY OF PANAMA CITY, INC.

**Current Principal Place of Business:**

2149 NORTH SHERMAN AVENUE  
PANAMA CITY, FL 32405

**New Principal Place of Business:**

13200 PANAMA CITY BEACH PKWY  
PANAMA CITY, FL 32407

**Current Mailing Address:**

1241 OG SKINNER DR  
WEST POINT, GA 31833 US

**New Mailing Address:**

FEI Number: 59-3479873      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 323012607 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.  
Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PCEO ( ) Delete  
Name: JOHNSON, RODGER L  
Address: 1241 OG SKINNER DR  
City-St-Zip: WEST POINT, GA 31833

Title: VCFO ( ) Delete  
Name: MILLS, ROBERT K  
Address: 1241 OG SKINNER DR  
City-St-Zip: WEST POINT, GA 31833

Title: VP ( ) Delete  
Name: BOCCUCCI, FELIX L JR  
Address: 1241 O.G. SKINNER DRIVE  
City-St-Zip: WEST POINT, GA 31833

Title: D ( ) Delete  
Name: SCOTT, WILLIAM H.  
Address: 3300 20TH AVENEU  
City-St-Zip: VALLEY, AL 36854

Title: D ( ) Delete  
Name: CAMPBELL, LANIER III  
Address: 3300 20TH AVENEU  
City-St-Zip: VALLEY, AL 36854

Title: VPS ( ) Delete  
Name: CHAD, WACHTER S  
Address: 1241 OG SKINNER DRIVE  
City-St-Zip: WEST POINT, GA 31833

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT K. MILLS

CFO

05/05/2004

Electronic Signature of Signing Officer or Director

Date