

**2021 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F03000005394

**Entity Name:** KNOLOGY OF CENTRAL FLORIDA, INC.

**Current Principal Place of Business:**

7887 EAST BELLEVIEW AVENUE  
SUITE 1000  
ENGLEWOOD, CO 80111

**Current Mailing Address:**

7887 EAST BELLEVIEW AVENUE  
SUITE 1000  
ENGLEWOOD, CO 80111 US

**FEI Number:** 20-0152023

**Certificate of Status Desired:** No

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525 US

*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

**Officer/Director Detail :**

Title SECRETARY, DIRECTOR  
Name MARTIN, CRAIG D.  
Address 1241 O.G. SKINNER DRIVE  
City-State-Zip: WEST POINT GA 31833

Title CHIEF EXECUTIVE OFFICER,  
DIRECTOR  
Name ELDER, TERESA  
Address 1241 O.G. SKINNER DRIVE  
City-State-Zip: WEST POINT GA 31833

Title DIRECTOR, TREASURER  
Name REGO, JOHN  
Address 7887 EAST BELLEVIEW AVENUE  
SUITE 1000  
City-State-Zip: ENGLEWOOD CO 80111

*I hereby 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 all other like empowered.*

**SIGNATURE:** CRAIG D. MARTIN

**SECRETARY**

**04/22/2021**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date