

**2017 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F98000002669

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

**Current Principal Place of Business:**

1241 O.G. SKINNER DRIVE  
WEST POINT, GA 31833

**Current Mailing Address:**

1241 O.G. SKINNER DRIVE  
WEST POINT, GA 31833 US

**FEI Number: 52-2098257**

**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            PRESIDENT, TREASURER  
Name            COCHRAN, STEVEN S.  
Address        1241 O.G. SKINNER DRIVE  
City-State-Zip: WEST POINT GA 31833

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

Title            CEO, CHAIRMAN  
Name            ABDOULAH, COLLEEN M  
Address        1241 O.G. SKINNER DRIVE  
City-State-Zip: WEST POINT GA 31833

*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**

**04/26/2017**

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

\_\_\_\_\_  
Date