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Apr 29, 1999 8:00 am
Secretary of State

04-29-1999 90103 034 ***150.00

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PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 560917

1. Corporation Name
COMMUNITY CATV CORP.

Principal Place of Business

**290 HARBOR DRIVE
STAMFORD CT 06902
US**

Mailing Address

**C/O TWC TAX DEPT
P.O. BOX 6659
ENGLEWOOD CO 80155-6659
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/01/1978

4. FEI Number

05-0375834

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

30

9. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

10. Name and Address of New Registered Agent

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

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

(NOT Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS ☐ DELETE

TITLE **PD**
NAME **HAGE, PETER**
STREET ADDRESS **75 ROCKEFELLER PLAZA**
CITY-STATE-ZIP **NEW YORK NY 10019**

TITLE **VD**
NAME **BRESSLER, RICHARD J**
STREET ADDRESS **75 ROCKEFELLER PLAZA**
CITY-STATE-ZIP **NEW YORK NY 10019**

TITLE **VD**
NAME **HAYS, SPENCER B**
STREET ADDRESS **75 ROCKEFELLER PLAZA**
CITY-STATE-ZIP **NEW YORK NY 10019**

TITLE **V**
NAME **ALLAMAN, GAIL L**
STREET ADDRESS **160 INVERNESS DRIVE WEST**
CITY-STATE-ZIP **ENGLEWOOD CO 80112**

TITLE **AT**
NAME **KARAS, MARK L**
STREET ADDRESS **160 INVERNESS DRIVE WEST**
CITY-STATE-ZIP **ENGLEWOOD CO 80112**

TITLE **V**
NAME **CHRISTIE, WARREN A**
STREET ADDRESS **1271 AVENUE OF THE AMERICAS**
CITY-STATE-ZIP **NEW YORK NY 10020**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-STATE-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-STATE-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-STATE-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-STATE-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-STATE-ZIP

6.1 TITLE ☒ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-STATE-ZIP

CHRISTIE, WARREN A
75 Rockefeller Plaza
New York NY 10019

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.073(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address, with a further like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ASST TREASURER

Date

4/17/99

Daytime Phone #

(303) 799-1270

CR2E034 (11/98)