

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT

2000

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 MAY -3 PM 1:05

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
ENGELWOOD CO 80155-6659

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

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CT CORPORATION
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

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P
NAME HAJE, PETER
STREET ADDRESS 75 ROCKEFELLER PLAZA
CITY - ST - ZIP NEW YORK NY 10019

☐ DELETE

TITLE VP
NAME BRESSLER, RICHARD J
STREET ADDRESS 75 ROCKEFELLER PLAZA
CITY - ST - ZIP NEW YORK NY 10019

☐ DELETE

TITLE VP
NAME HAYS, SPENCER B
STREET ADDRESS 75 ROCKEFELLER PLAZA
CITY - ST - ZIP NEW YORK NY 10019

☐ DELETE

TITLE VP
NAME ALLAMAN, GAIL L
STREET ADDRESS 160 INVERNESS DRIVE WEST
CITY - ST - ZIP ENGLEWOOD CO 80112

☐ DELETE

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

☐ DELETE

TITLE VP
NAME WARREN, CHRISTIE
STREET ADDRESS 75 ROCKEFELLER PLAZA
CITY - ST - ZIP NEW YORK NY 10019

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

☐ Change

☐ Addition

700003256197
-05/17/00--01082--015
*****150.00 *****150.00

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

☐ Change

☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

☐ Change

☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

☐ Change

☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

☐ Change

☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

☐ Change

☐ Addition

14. 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 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 all other like empowered.

SIGNATURE:

ASSISTANT TREASURER

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #