

2004 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90324 022 ***158.75

DOCUMENT # 560917

1. Entity Name
COMMUNITY CATV CORP.



Principal Place of Business
**290 HARBOR DRIVE
STAMFORD, CT 06902 US**

Mailing Address
**% JANICE CANNON
75 ROCKEFELLER PLAZA
NEW YORK, NY 10019 US**

54046684



2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
**% JANICE CANNON
ONE TIME WARNER CENTER**
Suite, Apt. #, etc.
14TH FL., LEGAL DEPT
City & State
NEW YORK, NY
Zip Country
10019

04282004 Chg-P CR2E034 (10/03)

4. FEI Number
05-0375834
Applied For
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP CAPPUCCIO, PAUL T 75 ROCKEFELLER PLAZA NEW YORK, NY 10019 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AT SOLOMON, JAMES M 75 ROCKEFELLER PLAZA NEW YORK, NY 10019 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DSVP HAYS, SPENCER B 75 ROCKEFELLER PLAZA NEW YORK, NY 10019 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V ALLAMAN, GAIL L 160 INVERNESS DRIVE WEST ENGLEWOOD, CO 80112 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CANNON, JANICE 75 ROCKEFELLER PLAZA NEW YORK, NY 10019 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP CAPPUCCIO, PAUL T. ONE TIME WARNER CENTER NEW YORK, NY 10019 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AT SOLOMON, JAMES M. 75 ROCKEFELLER PLAZA NEW YORK, NY 10019 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DSVP HAYS, SPENCER B. ONE TIME WARNER CENTER NEW YORK, NY 10019 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CANNON, JANICE ONE TIME WARNER CENTER NEW YORK, NY 10019 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *James M. Solomon* **JAMES M. SOLOMON**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/04
Date

Daytime Phone #