FILED
May 02, 2003 8:00 am
Secretary of State

05-02-2003 90231 032 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #560917

1. Entity Name
COMMUNITY CATV CORP.

11034967

Principal Place of Business	Mailing Address
290 HARBOR DRIVE STAMFORD, CT 06902 US	C/O TWC TAX DEPT P.O. BOX 6659 ENGLEWOOD, CO 80155-6659 US

☒ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
	% JANICE CANNON
Suite, Apt. #, etc.	Suite, Apt. #, etc. 75 ROCKEFELLER PLAZA
City & State	City & State NEW YORK, NY
Zip / Country	Zip 10019 / Country USA

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	7. Name and Address of New Registered Agent
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION, FL 33324	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, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P CAPPUCCIO, PAUL T 75 ROCKEFELLER PLAZA NEW YORK, NY 10019	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP CAPPUCCIO, PAUL T. 75 ROCKEFELLER PLAZA NEW YORK, NY 10019	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP CUTLER, THEODORE J 290 HARBOR DRIVE STAMFORD, CT 06902	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V HAYS, SPENCER B 75 ROCKEFELLER PLAZA NEW YORK, NY 10019	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DSVP HAYS, SPENCER B. 75 ROCKEFELLER PLAZA NEW YORK, NY 10019	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V ALLAMAN, GAIL L 160 INVERNESS DRIVE WEST ENGLEWOOD, CO 80112	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	AT KARAS, MARK L 160 INVERNESS DRIVE WEST ENGLEWOOD, CO 80112	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	AT SOLOMON, JAMES M. 75 ROCKEFELLER PLAZA NEW YORK, NY 10019	☒ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP RACKERBY, THOMAS K 160 IVERNESS DRIVE WEST ENGLEWOOD, CO 80112	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S CANNON, JANICE 75 ROCKEFELLER PLAZA NEW YORK, NY 100190	☒ Change ☐ 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: Janice Cannon JANICE CANNON 4/30/03 212-484-6503
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)