

FILE ON OR BEFORE DECEMBER 31, 1997 OR PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP ANNUAL REPORT 1998		 <p>FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS</p>		<p>FILED SECRETARY OF STATE DIVISION OF CORPORATIONS</p> <p>97 DEC 22 PM 12:44 <i>mtu</i> 12/30</p> 	
1. Name of Limited Partnership CABLEVISION INDUSTRIES LIMITED PARTNERSHIP		1a. DOCUMENT # A22293			
Mailing Address % TWC TAX DEPT 5680 GREENWOOD PLAZA BLVD ENGLEWOOD CO 80155		Principal Office Address 300 FIRST STAMFORD PLACE STAMFORD CT 06902		3. Date Formed or Registered 04/01/1986 3a. Date of Last Report 12/16/1996 4. State or Country of Formation DE 5a. Capital Contributions as Shown on record. \$20,990,000.00 5b. Amount of Capital Contributions in FLORIDA to date \$8.75 Additional Fee Required	
2. Mailing Address Suite, Apt. #, etc. City & State Zip Country		2a. Principal Office Address Suite, Apt. #, etc. City & State Zip Country		6. FLI Number 14-1670313 7. Certificate of Status Desired <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable 8. Make check payable to: Dept. of State (See reverse side for fee information)	

9. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324	10. If changed, new Registered Agent/Office Name _____ Street Address (P.O. Box Number Is Not Acceptable) _____ Suite, Apt. #, etc. _____ City _____ FL Zip Code _____
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10a. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, 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 its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment) _____

DATE _____

A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.

11. Name(s) of General Partner(s)	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)	11b. City, State & Zip Code	11c. Registration/Document Number
TWC CABLE INC.	75 ROCKEFELLER PLAZA	NEW YORK NY 10019	F96000000378
CABLEVISION INDUSTRIES OF CE	75 ROCKEFELLER PLAZA	NEW YORK NY 10019	G90839

2000002386822-5
 -12/31/97-01023-014
 ***\$50.00 ***\$50.00

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE _____

Laurie Hefty
Laurie Hefty

Asst. Controller

DATE **12/15/97**

Typed or Printed Name of General Partner Signing Form

Daytime Telephone Number **303-799-1200**

CR2E003 (6/97)