

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A22293

1. Entity Name
**CABLEVISION INDUSTRIES LIMITED
PARTNERSHIP**



Principal Place of Business
290 HARBOR DRIVE
STAMFORD, CT 06902

Mailing Address
% TWC TAX DEPT
PO BOX 6659
ENGLEWOOD, CO 80155-6659

2. Principal Place of Business

3. Mailing Address
% **LEGAL DEPT**

Suite, Apt. #, etc.

Suite, Apt. #, etc.
75 Rockefeller Plaza

City & State

City & State
New York, NY

Zip

Country

Zip
10019

Country

USA



FILED

03 MAY -7 PM 1:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DUE BY MAY 1, 2003

4. FEI Number

14-1670313

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.

DATE

9. Capital Contributions

as Shown on record. **\$20,990,000.00**

10. Amount of Capital Contributions

in FLORIDA to date.

11. **MAKE CHECK PAYABLE TO FL DEPT OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION**

**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.**

12. GENERAL PARTNER INFORMATION

13. ADDRESS CHANGES ONLY

DOCUMENT # **F96000000378**
NAME **TWI CABLE INC.**
STREET ADDRESS **75 ROCKEFELLER PLAZA**
CITY-ST-ZIP **NEW YORK, NY 10019**

STREET ADDRESS
CITY-ST-ZIP

DOCUMENT # **G90839**
NAME **CABLEVISION INDUSTRIES OF CENT. FL., INC.**
STREET ADDRESS **75 ROCKEFELLER PLAZA**
CITY-ST-ZIP **NEW YORK, NY 10019**

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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 report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

Janice Cannon
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

JANICE CANNON

4/30/03

212-484-6503

SECRETARY FOR TWI.

CABLE INC.

STAPLE CHECK HERE

CR2E003 (10/02)