

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A 29351

1. Entity Name

Olympus Communications, LP

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 APR 28 AM 3:05

DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

1 North Main Street
Coudersport PA 16915

1 North Main Street
Coudersport PA 16915

2. Principal Place of Business

3. Mailing Address

1 North Main Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Coudersport PA

Zip

Country

Zip

Country

16915

4. FEI Number

25-1622615

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

The Prentice-Hall Corporation System, Inc.
1201 Hays Street, Suite 105
Tallahassee, FL 32301

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Capital Contributions
as Shown on record.

545,068,221.00

10. Amount of Capital Contributions
in FLORIDA to date.

545,068,221.00

11. MAKE CHECK PAYABLE TO 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 # P 25634
NAME ACP Holdings Inc
STREET ADDRESS 1 North Main Street
CITY-ST-ZIP Coudersport, PA 16915
DOCUMENT # P 95000012820
NAME Cable GP Inc.
STREET ADDRESS 1400 Center Park Blvd
CITY-ST-ZIP West Palm Beach FL

STREET ADDRESS

CITY-ST-ZIP

200003267012--5

-05/25/00--01083--015

****526.25 ****526.25

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

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:

Randall D. Fisher

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4/27/00

Date

(814) 274-9830

Daytime Phone #

CR2E003 (9/99)