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DOCU	MENT # A2935	1	i	,			٠	,	82
1. Entity Name						FILED			
OLYMPUS COMMUNICATIONS, L.P.					o o	1 AUG -2	AM 8: 47		
Principal Pla	ce of Business	Mailing Address			\$	ECRETARY OF	FSTATE		
1 NORTH MAI		P.O. BOX 472			TA	LLAHASSEE,	FLORIDA		
COUDERSPOR	II PA 16915	COUDERSPORT PA 16915						-	
2. Principal I	Place of Business	3. Mailing Address	iling Address			1010 14040 10100 11101 3141	FI IADI BABA DIDIL BI	Est etatt biest etast 160;	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE			
City & Sta	te	City & State		4. FEI Numbe	25-1622615		Applied For Not Applical		
Zip	Country	Zip Country		5. Certificate	of Status Desired		.75 Additional Required		
	6. Name and Address of Current I	Registered Agent			7. Name and	Address of New R		<u> </u>	
+				Name					
	ITICE-HALL CORPORATION SYSTEM	M, INC.		Street Addr	ess (P.O. Box Numbe	er is Not Acceptable)		\dashv
	S STREET, SUITE 105 SSEE FL 32301								\dashv
IAELATIAS	DOEE FL 32301			City			-	Zip Code	
					·		ГЩ	21p 000e	
8. The above	e named entity submits this statement for	the purpose of changing its i	registere	ed office or rec	gistered agent, or bot	h, in the State of Flo	rida.		
SIGNATURE	1777						-		
9. Capital Co	Signature, typed or printed name of registered agent as	10. Amount of Capita			equired when reinstating)	11. MAKE CHEC	DATE K PAYARI F TO	DEPT OF STATE	
as Shown	on record. \$545,068,221.00	in FLORIDA to da	te. 💲	545,068		SEE REVERS	SE SIDE FOR FI	E INFORMATION	
ح	A GENERAL PARTNER TI NOTE: General Partners MA	HAT:IS:A:BUSINESS:EN? / NOT be changed on th	ΓΙΤΥ-Μ e form	UST₂BE·RE(; an amend:	GISTERED AND A ment must be file	CTIVE WITH THIS d to change a ge	S OFFICE. > neral partne	;==:	
12.	GENERAL PARTNER	INFORMATION	13.	····-		ADDRESS CHA	NGES ONLY		コニ
DOCUMENT # NAME	P 25634 A CP HOLDINGS, IN C.		STRE	ET ADDRESS .	4			1	8
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DOCUMENT # NAME	P95000012820		STRE	ET ADDRESS					8
STREET ADDRESS CITY-ST-ZIP	" 11400 CENTERPARK DLVD., SUITE 000		CITY-	ST-ZIP		· - ··· ·			_
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CITY-ST-ZIP		915	CITY-	ST-ZIP	20	300045 08/03/	5275()29	1
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CITY-ST-ZIP				ST-ZIP					
14. I hereby of indicated	certify that the information supplied with to on this report is true and accurate and the contract of the cont	his filing does not qualify for that my signature shall have the	the exer	nption stated i legal effect as	n Section 119.07(3)(i s if made under oath;), Florida Statutes. I that I am a General	further certify the Partner of the I	nat the information	or

SIGNATURE: _

02/01/01 (814)274-9830

Date Daytime Phone #