

A29351

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

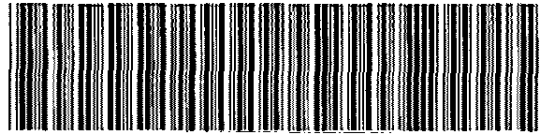
(Document Number)

Certified Copies \_\_\_\_\_

Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



900029291089

FILED

04 MAY 14 PM 4:22

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

RECEIVED

04 MAY 14 PM 12:58

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*[Handwritten signature]*



CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 641230 7389086

AUTHORIZATION : *Patricia Pizeto*

COST LIMIT : \$ 35.00

ORDER DATE : May 12, 2004

ORDER TIME : 11:12 AM

ORDER NO. : 641230-140

CUSTOMER NO: 7389086

CUSTOMER: Patty Conroy  
Adelphia Communications  
Suite 800  
5619 Dtc Parkway  
Greenwood Villa, CO 80111

FILED  
04 MAY 14 PM 4:22  
TALLAHASSEE, FLORIDA  
SECRETARY OF STATE

CHANGE OF AGENT

NAME: OLYMPUS COMMUNICATIONS, L.P.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

\_\_\_\_ CERTIFIED COPY  
XX PLAIN STAMPED COPY

CONTACT PERSON: Heather Chapman

**LIMITED PARTNERSHIP STATEMENT OF CHANGE OF REGISTERED  
OFFICE OR REGISTERED AGENT, OR BOTH**

Pursuant to the provisions of sections 620.105 and 620.1051, Florida Statutes, the undersigned limited partnership submits the following statement in order to change its registered office or registered agent, or both, in the state of Florida.

1. OLYMPUS COMMUNICATIONS, L.P.

Name of the limited partnership

2. 12/15/1989

Date of filing/registration in Florida

3. A29351

Document number assigned

4. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

C T Corporation System

Name

1200 South Pine Island Road

Address

Plantation, FL 33324

City, State and Zip

5. The name and address of the new registered agent and/or office:

Corporation Service Company

Name

1201 Hays Street

Florida street address (P.O. Box not acceptable)

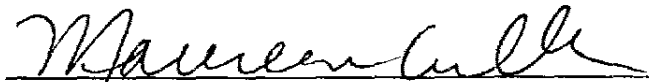
Tallahassee

FL

32301

City, State and Zip

6. Such change(s) was/were authorized by the general partners.

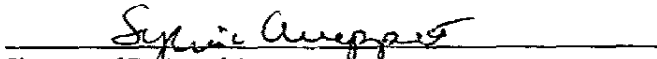


Signature of General Partner

Maureen Cullen, Attorney in Fact

*I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the limited partnership has been notified in writing of this change.*

Corporation Service Company



Signature of Registered Agent Sylvia Queppet, Asst. Vice President

**Make checks payable to Florida Department of State and mail to:  
Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314  
Filing Fee: \$35.00**

FILED  
04 MAY 19 11 22 AM  
TALLAHASSEE, FLORIDA  
SECRETARY OF STATE