

2002 UNIFORM BUSINESS REPORT (UBR)

0017600 AT

DOCUMENT # **B97000000306**

1. Entity Name

US CABLE OF COASTAL-TEXAS, L.P.

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

02 APR -3



Principal Place of Business: **28 WEST GRAND AVENUE MONTVALE NJ 07645**
Mailing Address: **28 WEST GRAND AVENUE MONTVALE NJ 07645**

2. Principal Place of Business | 3. Mailing Address

Suite, Apt. #, etc. | Suite, Apt. #, etc.

City & State | City & State

Zip | Country | Zip | Country

DUE BY MAY 1, 2002

4. FEI Number **22-2308225** | 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

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. **\$488,400.00** ✓

10. Amount of Capital Contributions in FLORIDA to date.

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 # **B99000000184**
NAME **US CABLE HOLDINGS, L.P.**
STREET ADDRESS **28 WEST GRAND AVENUE**
CITY-ST-ZIP **MONTVALE NJ 07645**

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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 *[Signature]* SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

3-7-02 201 930 9000
Date Daytime Phone #

STAPLE CHECK HERE

CR2E003 (9/01)