

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F00000007102

1. Entity Name

DISTRICT CABLEVISION, INC.

Principal Place of Business

188 INVERNESS DRIVE WEST
C/O LEGAL DEPT.
ENGLEWOOD CO 80112

Mailing Address

188 INVERNESS DRIVE WEST
C/O LEGAL DEPT.
ENGLEWOOD CO 80112

2. Principal Place of Business

188 INVERNESS DR. W

Suite, Apt. #, etc.

3. Mailing Address

P O BOX 5630

Suite, Apt. #, etc.

City & State

ENGLEWOOD CO

City & State

DENVER CO

Zip

80112

Country

US

Zip

80217-5630

Country

US

4. FEI Number

52-1233103

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

C T CORPORATION SYSTEM
1200 SOUTH 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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back). ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete
NAME **MAZUR, JAMES**
STREET ADDRESS **188 INVERNESS DRIVE WEST**
CITY-ST-ZIP **ENGLEWOOD CO 80112**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **V** ☒ Delete
NAME **SCHULTZ, CHARLES**
STREET ADDRESS **188 INVERNESS DRIVE WEST**
CITY-ST-ZIP **ENGLEWOOD CO 80112**

TITLE **SECRETARY** ☐ Change ☒ Addition
NAME **MENGE, BRETT**
STREET ADDRESS **188 INVERNESS DR. W.**
CITY-ST-ZIP **ENGLEWOOD CO 80112**

TITLE **D** ☒ Delete
NAME **HAGANS, MICHELLE**
STREET ADDRESS **188 INVERNESS DRIVE WEST**
CITY-ST-ZIP **ENGLEWOOD CO 80112**

TITLE **TREASURER** ☐ Change ☒ Addition
NAME **DWYER, EDWARD M.**
STREET ADDRESS **188 INVERNESS DR. W.**
CITY-ST-ZIP **ENGLEWOOD CO 80112**

TITLE **D** ☐ Delete
NAME **HUSEBY, MICHAEL**
STREET ADDRESS **188 INVERNESS DRIVE WEST**
CITY-ST-ZIP **ENGLEWOOD CO 80112**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☒ Delete
NAME **JOHNSON, ROBERT**
STREET ADDRESS **188 INVERNESS DRIVE WEST**
CITY-ST-ZIP **ENGLEWOOD CO 80112**

TITLE **DIRECTOR** ☐ Change ☒ Addition
NAME **SOMERS, DANIEL E.**
STREET ADDRESS **188 INVERNESS DR. W.**
CITY-ST-ZIP **ENGLEWOOD CO 80112**

TITLE **D** ☒ Delete
NAME **JONES, EARLE**
STREET ADDRESS **188 INVERNESS DRIVE WEST**
CITY-ST-ZIP **ENGLEWOOD CO 80112**

TITLE **ASST. SECRETARY** ☐ Change ☒ Addition
NAME **SHANK, JOHN L.**
STREET ADDRESS **188 INVERNESS DR. W.**
CITY-ST-ZIP **ENGLEWOOD CO 80112**

13. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

John L. Shank

JOHN L. SHANK, ASST. SEC.

4/10/01

720-875-5322

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)

FILED
Apr 20, 2001 8:00 am
Secretary of State

04-20-2001 90188 028 ***150.00

002472



DO NOT WRITE IN THIS SPACE