## **2004 FOR PROFIT CORPORATION** ANNUAL REPORT

changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

## May 04, 2004 8:00 am Secretary of State DOCUMENT # F00000007102 05-04-2004 90205 022 \*\*\*150.00 1. Entity Name DISTRICT CABLEVISION, INC. Principal Place of Business Mailing Address <u>ረ</u>ዟህບ~ 1500 MARKET ST 1500 MARKET ST PHILADELPHIA, PA 19102-2148 US PHILADELPHIA, PA 19102-2148 US 2. Principal Place of Business 3. Mailing Address Suite, Apt, #, etc. Suite, Apt. #, etc. 04212004 CR2E034 (10/03) Applied For City & State City & State 4. FEI Number 52-1233103 Not Applicable Zip Country Zio Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 City 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2004 Fee will be \$550.00 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. DITLE ☐ Delete TITLE Change ☐ Addition **BURKE, STEPHEN** NAME NAME STREET ADDRESS STREET ADDRESS 1500 MARKET ST CITY-ST-ZIP CITY-ST-ZIP PHILADELPHIA, PA 191022148 TITLE D Delete Change ☐ Addition NAME BACKSTROM, STEPHEN NAME 1500 MARKET ST STREET ADDRESS STREET ADDRESS CITY-ST-ZIP PHILADELPHIA, PA 191022148 CITY-ST-ZIP ☐ Addition TITLE ☐ Delete ☐ Change BLOCK, ARTHUR NAME NAME STREET ADDRESS STREET ADDRESS 1500 MARKET ST CITY - ST - ZIP PHILADELPHIA, PA 191022148 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition ALCHIN, JOHN L NAME NAME STREET ADDRESS 1500 MARKET ST STREET ADDRESS CITY-ST-ZIP PHILADELPHIA, PA 191022148 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME BLOCK, ARTHUR R NAME 1500 MARKET ST STREET ADDRESS STREET ADDRESS CITY-ST-ZIP PHILADELPHIA, PA 191022148 CITY-ST-Zt2 ☐ Change ☐ Addition TITLE X Delete TITLE SMITH, LAWRENCE NAME NAME STREET ADDRESS 1500 MARKET ST STREET ADDRESS Off V - ST - 782 CITY-ST-7IP PHILADELPHIA, PA 191022148 12. Thereby 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 10 or Block 11 if

**FILED** 

4/27/04 6.5. SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF