2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Aug 30, 2004 8:00 am
Secretary of State
08-30-2004 90015 004 ***550.00

24002047

MOORE CR2E034 (4/04)

DOCUMENT # F01000000089

1. Entity Name
ADVANCE CABLE HOLDINGS CORP.

Principal Place of Business	Mailing Address
6005 FAIR LAKES ROAD EAST SYRACUSE NY 13057-4250	6005 FAIR LAKES ROAD EAST SYRACUSE NY 13057-4250

2. Principal Place of Business	3. Mailing Address
5000 Campuswood Drive	5000 Campuswood Drive
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: E. Syracuse, NY	City & State: E. Syracuse, NY
Zip: 13057 / Country:	Zip: 13057 / Country:

4. FEI Number 13-4148932 — 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. 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

FILE NOW!!! FEE IS $550.00
DUE BY September 8, 2004
Make Check Payable to Florida Department of State

S.607.193(2)(b), F.S., allows for the waiver of the $400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is $150.00. ☐

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PTD ☐ Delete	TITLE	☒ Change ☐ Addition
NAME	MIRON, ROBERT J	NAME	
STREET ADDRESS	6005 FAIR LAKES ROAD	STREET ADDRESS	5000 Campuswood Drive
CITY-ST-ZIP	EAST SYRACUSE NY 13057-4250	CITY-ST-ZIP	E. Syracuse, NY 13057
TITLE	VD ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	NEWHOUSE, DONALD E	NAME	
STREET ADDRESS	STAR-LEDGER PLAZA	STREET ADDRESS	
CITY-ST-ZIP	NEWARK NJ 07010-1200	CITY-ST-ZIP	
TITLE	S ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	NEWHOUSE, SAMUEL I III	NAME	
STREET ADDRESS	30 JOURNAL SQUARE	STREET ADDRESS	
CITY-ST-ZIP	JERSEY CITY NJ 07306	CITY-ST-ZIP	
TITLE	CD ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	NEWHOUSE, S I JR.	NAME	
STREET ADDRESS	FOUR TIMES SQUARE, 11TH FLOOR	STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY 10036-6526	CITY-ST-ZIP	
TITLE	D ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	NEWHOUSE, DONALD E	NAME	
STREET ADDRESS	STAR-LEDGER PLAZA	STREET ADDRESS	
CITY-ST-ZIP	NEWARK NJ 07102-1200	CITY-ST-ZIP	
TITLE	P ☐ Delete	TITLE	☒ Change ☐ Addition
NAME	MIRON, STEVEN A	NAME	
STREET ADDRESS	6005 FAIR LAKES ROAD	STREET ADDRESS	5000 Campuswood Drive
CITY-ST-ZIP	EAST SYRACUSE NY 13057-4250	CITY-ST-ZIP	E. Syracuse, NY 13057

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: S.I. Newhouse, Jr.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #