


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Sep 12, 2005 8:00 am
Secretary of State

09-12-2005 90006 015 ***550.00

DOCUMENT # F0100000089	
1. Entity Name ADVANCE CABLE HOLDINGS CORP.	

Principal Place of Business 5000 CAMPUSWOOD DR EAST SYRACUSE, NY 13057	Mailing Address 5000 CAMPUSWOOD DR EAST SYRACUSE, NY 13057
--	--

50066583.

2. Principal Place of Business	3. Mailing Address <i>c/o Sabin, Bernant & Gould LLP</i>
Suite, Apt. #, etc.	Suite, Apt. #, etc. <i>4 Times Square</i>
City & State	City & State <i>New York, NY</i>
Zip	Zip <i>10036</i>
Country	Country <i>U.S.A.</i>



09012005	Chg-P	CR2E034 (10/03)
4. FEI Number 13-4148932	Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$550.00 Due by September 7, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
---	---

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD MIRON, ROBERT J 5000 CAMPUSWOOD DR EAST SYRACUSE, NY 13057 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CTD Miron, Robert J 5000 Campuswood Dr. East Syracuse, NY 13057 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD NEWHOUSE, DONALD E STAR-LEDGER PLAZA NEWARK, NJ 070101200 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Newhouse, Donald E. Star-Ledger Plaza Newark, NJ 07010-1200 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S NEWHOUSE, SAMUEL III 30 JOURNAL SQUARE JERSEY CITY, NJ 07306 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD NEWHOUSE, S I JR. FOUR TIMES SQUARE, 11TH FLOOR NEW YORK, NY 100366526 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD Newhouse, S. I. Jr. Four Times Square, 11th Fl. New York, NY 10036-6526 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NEWHOUSE, DONALD E STAR-LEDGER PLAZA NEWARK, NJ 071021200 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MIRON, STEVEN A 5000 CAMPUSWOOD DR EAST SYRACUSE, NY 13057 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Miron, Steven A. 5000 Campuswood Dr. East Syracuse, NY 13057 <input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *[Signature]* 9/2/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #