

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 13, 2003 8:00 am
Secretary of State

05-13-2003 90046 026 ***150.00

DOCUMENT # F01000000089

1. Entity Name
ADVANCE CABLE HOLDINGS CORP.



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

Mailing Address
**6005 FAIR LAKES ROAD
EAST SYRACUSE NY 13057-4250**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **13-4148932**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

7. Name and Address of New Registered Agent

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 \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME	PTD MIRON, ROBERT J	<input type="checkbox"/> Delete
STREET ADDRESS	6005 FAIR LAKES ROAD	
CITY-ST-ZIP	EAST SYRACUSE NY 13057-4250	
TITLE NAME	VD NEWHOUSE, DONALD E	<input type="checkbox"/> Delete
STREET ADDRESS	STAR-LEDGER PLAZA	
CITY-ST-ZIP	NEWARK NJ 07010-1200	
TITLE NAME	S NEWHOUSE, SAMUEL I III	<input type="checkbox"/> Delete
STREET ADDRESS	30 JOURNAL SQUARE	
CITY-ST-ZIP	JERSEY CITY NJ 07306	
TITLE NAME	CD NEWHOUSE, S I JR.	<input type="checkbox"/> Delete
STREET ADDRESS	FOUR TIMES SQUARE, 11TH FLOOR	
CITY-ST-ZIP	NEW YORK NY 10036-6526	
TITLE NAME	D NEWHOUSE, DONALD E	<input type="checkbox"/> Delete
STREET ADDRESS	STAR-LEDGER PLAZA	
CITY-ST-ZIP	NEWARK NJ 07102-1200	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME	P Miron, Steven A	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	6005 Fair Lakes Road	
CITY-ST-ZIP	East Syracuse, NY 13057-4250	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/24/03

CR2E034 (10/02)