

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2003 8:00 am
Secretary of State

04-24-2003 90195 013 ***150.00

0655717 AT

DOCUMENT # F01000002529

1. Entity Name
HERITAGE CABLEVISION OF MASSACHUSETTS, INC.



Principal Place of Business
188 INVERNESS DRIVE WEST
ENGLEWOOD CO 80112
US

Mailing Address
188 INVERNESS DRIVE WEST
ENGLEWOOD CO 80112
US

2. Principal Place of Business
1500 MARKET ST.
Suite, Apt. #, etc.

3. Mailing Address
1500 MARKET ST
Suite, Apt. #, etc.



☒ CHECK HERE IF MAKING CHANGES

City & State
PHILADELPHIA PA

City & State
PHILADELPHIA PA

4. FEI Number **04-2688819**

Applied For
Not Applicable

Zip **Country**
19102-2148 **USA**

Zip **Country**
19102-2148 **USA**

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 _____ **DATE** _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D <input checked="" type="checkbox"/> Delete
NAME	HUSEBY, MICHAEL P
STREET ADDRESS	188 INVERNESS DRIVE WEST
CITY-ST-ZIP	ENGLEWOOD CO 80112
TITLE	D <input checked="" type="checkbox"/> Delete
NAME	SCHLEYER, WILLIAM T
STREET ADDRESS	188 INVERNESS DRIVE WEST
CITY-ST-ZIP	ENGLEWOOD CO 80112
TITLE	P <input checked="" type="checkbox"/> Delete
NAME	COOPER, RON
STREET ADDRESS	188 INVERNESS DRIVE WEST
CITY-ST-ZIP	ENGLEWOOD CO 80112
TITLE	S/V <input checked="" type="checkbox"/> Delete
NAME	BAILEY, RICK D
STREET ADDRESS	188 INVERNESS DRIVE WEST
CITY-ST-ZIP	ENGLEWOOD CO 80112
TITLE	AS <input checked="" type="checkbox"/> Delete
NAME	SHANK, JOHN L
STREET ADDRESS	188 INVERNESS DRIVE WEST
CITY-ST-ZIP	ENGLEWOOD CO 80112
TITLE	T <input checked="" type="checkbox"/> Delete
NAME	DWYER, EDWARD M
STREET ADDRESS	188 INVERNESS DRIVE WEST
CITY-ST-ZIP	ENGLEWOOD CO 80112

TITLE	PRESIDENT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	STEPHEN B. BURKE
STREET ADDRESS	1500 MARKET ST.
CITY-ST-ZIP	PHILADELPHIA PA 19102-2148
TITLE	VICE PRESIDENT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	C. STEPHEN BACKSTROM
STREET ADDRESS	1500 MARKET ST.
CITY-ST-ZIP	PHILADELPHIA PA 19102-2148
TITLE	SECRETARY <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ARTHUR R. BLOCK
STREET ADDRESS	1500 MARKET ST.
CITY-ST-ZIP	PHILADELPHIA PA 19102-2148
TITLE	TREASURER <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JOHN L. ALCHIN
STREET ADDRESS	1500 MARKET ST.
CITY-ST-ZIP	PHILADELPHIA PA 19102-2148
TITLE	DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ARTHUR R. BLOCK
STREET ADDRESS	1500 MARKET ST.
CITY-ST-ZIP	PHILADELPHIA PA 19102-2148
TITLE	DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LAWRENCE S. SMITH
STREET ADDRESS	1500 MARKET ST.
CITY-ST-ZIP	PHILADELPHIA PA 19102-2148

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: SIGBATURE REQUIRED **STEPHEN BACKSTROM** **4/19/03** **215-981-7557**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)