

2005 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
Jan 31, 2005 08:00 AM
Secretary of State

DOCUMENT # F01000005008

1. Entity Name
HUNTINGTON CATV INC.



Principal Place of Business
5619 DTC PKWY
STE 800
GREENWOOD VILLAGE, CO 80111

Mailing Address
5619 DTC PKWY
STE 800
GREENWOOD VILLAGE, CO 80111



01062005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
36-2786226

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525

**DO NOT WRITE
IN THIS SPACE**

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, 2005 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	CEO
NAME	SCHLEYER, WILLIAM T
STREET ADDRESS	5619 DTC PKWY STE 800
CITY-ST-ZIP	GREENWOOD, CO 80111
TITLE	PD
NAME	COOPER, RON
STREET ADDRESS	5619 DTC PKWY STE 800
CITY-ST-ZIP	GREENWOOD, CO 80111
TITLE	EVPS
NAME	SONNENBERG, BRAD
STREET ADDRESS	5619 DTC PKWY STE 800
CITY-ST-ZIP	GREENWOOD, CO 80111
TITLE	EVPT
NAME	WITTMAN, VANESSA
STREET ADDRESS	5619 DTC PKWY STE 800
CITY-ST-ZIP	GREENWOOD, CO 80111
TITLE	VPAS
NAME	ZEREFOS, JAMES
STREET ADDRESS	5619 DTC PKWY STE 800
CITY-ST-ZIP	GREENWOOD, CO 80111
TITLE	AS
NAME	WATERMAN, KATHY L
STREET ADDRESS	5619 DTC PKWY STE 800
CITY-ST-ZIP	GREENWOOD, CO 80111

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02/01/05-80045-002 150.00

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IN THIS SPACE**

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: Kathy L. Waterman
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-7-2005 (303) 268-6300

Date

Daytime Phone #

Kathy L. Waterman, Assistant Secretary