

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 19, 2002 8:00 am
Secretary of State

05-19-2002 90074 044 ***150.00

DOCUMENT #

1. Entity Name

F01000005300

CABLEVISION INDUSTRIES, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

75 ROCKEFELLER PLAZA

Suite, Apt. #, etc.

3. Mailing Address

% JANICE CANNON

Suite, Apt. #, etc.

75 ROCKEFELLER PLAZA

City & State

NEW YORK, NY

City & State

NEW YORK, NY

4. FEI Number

14-1564598

Applied For

Not Applicable

Zip

10019

Country

USA

Zip

10019

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

CT CORPORATION SYSTEM

Street Address (P.O. Box Number is Not Acceptable)

1200 SOUTH PINE ISLAND RD.

City

PLANTATION

FL

Zip Code
33324

**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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
DP
CAPPUCCIO, PAUL T.
75 ROCKEFELLER PLAZA
NEW YORK, NY 10019

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
DSVP
HAYS, SPENCER B
75 ROCKEFELLER PLAZA
NEW YORK, NY 10019

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
D
BARGE, JAMES W
75 ROCKEFELLER PLAZA
NEW YORK, NY 10019

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
S
CANNON, JANICE
75 ROCKEFELLER PLAZA
NEW YORK, NY 10019

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
AS
WAXENBERG, SUSAN A
75 ROCKEFELLER PLAZA
NEW YORK, NY 10019

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
AT
SOLOMON, JAMES M
75 ROCKEFELLER PLAZA
NEW YORK, NY 10019

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

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CITY- ST- ZIP

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IN THIS SPACE**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 11 or on an attachment with an address, with all other like empowered.

SIGNATURE: 

JANICE CANNON 4/29/02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)