

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2003 8:00 am
Secretary of State

04-30-2003 90156 036 ***150.00

0000617 AV

DOCUMENT # F01000005300

1. Entity Name

CABLEVISION INDUSTRIES, INC.



Principal Place of Business

**75 ROCKEFELLER PLAZA
NEW YORK NY 10019**

Mailing Address

**75 ROCKEFELLER PLAZA
NEW YORK NY 10019**

2. Principal Place of Business

3. Mailing Address

75 ROCKEFELLER PLAZA

Suite, Apt. #, etc.

Suite, Apt. #, etc.

% JANICE CANNON, 25TH FL.

City & State

City & State

NEW YORK, NY

Zip

Country

Zip

Country

10019

4. FEI Number

14-1564598

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 ☐ Delete
NAME **PD**
STREET ADDRESS **CAPPUCCIO, PAUL T**
CITY-ST-ZIP **75 ROCKEFELLER PLAZA
NEW YORK NY 10019**

TITLE ☐ Delete
NAME **V**
STREET ADDRESS **KARICKHOFF, BRENDA**
CITY-ST-ZIP **75 ROCKEFELLER PLAZA
NEW YORK NY 10019**

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

TITLE ☒ Delete
NAME **T**
STREET ADDRESS **MURPHY, RAYMOND G**
CITY-ST-ZIP **75 ROCKEFELLER PLAZA
NEW YORK NY 10019**

TITLE ☒ Delete
NAME **CD**
STREET ADDRESS **BARGE, JAMES W**
CITY-ST-ZIP **75 ROCKEFELLER PLAZA
NEW YORK NY 10019**

TITLE ☒ Delete
NAME **D**
STREET ADDRESS **HAYS, SPENCER B**
CITY-ST-ZIP **75 ROCKEFELLER PLAZA
NEW YORK NY 10019**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME **VPT**
STREET ADDRESS **MURPHY, RAYMOND G.**
CITY-ST-ZIP **75 ROCKEFELLER PLAZA
NEW YORK, NY 10019**

TITLE ☒ Change ☐ Addition
NAME **D**
STREET ADDRESS **BARGE, JAMES W.**
CITY-ST-ZIP **75 ROCKEFELLER PLAZA
NEW YORK, NY 10019**

TITLE ☒ Change ☐ Addition
NAME **DSVP**
STREET ADDRESS **HAYS, SPENCER B.**
CITY-ST-ZIP **75 ROCKEFELLER PLAZA
NEW YORK, NY 10019**

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:

Janice Cannon

JANICE CANNON 4/25/03 212-484-6503

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)