


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2004 8:00 am
Secretary of State

04-27-2004 90086 005 ***158.75

DOCUMENT # F03000006014	
1. Entity Name ADELPHIA BUSINESS SOLUTIONS ATLANTIC, INC.	

Principal Place of Business C/O SHANTEL L. WATERMAN 712 NORTH MAIN STREET COUDERSPORT, PA 16915	Mailing Address C/O SHANTEL L. WATERMAN 712 NORTH MAIN STREET COUDERSPORT, PA 16915
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



02162004 Chg-P CR2E034 (10/03)

4. FEI Number 25-1688221	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525		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, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GUTH, ROBERT 121 CHAMPION WAY CANONSBURG, PA 15317 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BABCOCK, EDWARD 712 NORTH MAIN STREET COUDERSPORT, PA 16915 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD GLICKSMAN, JOHN 712 NORTH MAIN STREET COUDERSPORT, PA 16915 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>121 Champion Way Canonsburg, PA 15317</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 persons empowered.

SIGNATURE: *John Glicksman* **JOHN GLICKSMAN
V.P. AND GENERAL COUNSEL**

2/27/04

Date Daytime Phone #

☐ **PRIORITY PAYMENT** (CK NEEDED NEXT DAY)
☒ **PRIORITY POST** (CK NEEDED THIS WEEK)
DATE SUBMITTED 2/20/04



SPECIAL HANDLING
RETURN TO: SHANTEL WATERMAN EXT
2811

PRIORITY MAIL UPS ☐ FED EX ☐

CHECK REQUEST

SYSTEM ADELPHIA BUSINESS SOLUTIONS ATLANTIC, INC.
PAY TO FLORIDA DEPT. OF STATE AMOUNT 158.75
ADDRESS TO DIVISION OF CORPORATIONS REQUESTED BY SHANTEL WATERMAN
2670 EXECUTIVE CENTER CIRCLE, SUITE 100 APPROVED BY [Signature]
TALAHASSEE, FL 32301 DATE REQUIRED 3/1/04

REASON FOR CHECK 2004 Annual Report

SYSTEM	ACCOUNT DESCRIPTION	ACCOUNT #	AMOUNT
805		75365000	

AP USE ONLY

VENDOR # _____ INVOICE # _____
VOUCHER # _____ CHECK DESC. _____
INPUT DATE _____ BY _____