

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 14, 2006 8:00 am**  
**Secretary of State**

02-14-2006 90001 004 \*\*\*150.00

**DOCUMENT # F04000001461**

1. Entity Name  
**CORECOMM NEWCO, INC.**



Principal Place of Business  
**2100 RENAISSANCE BLVD  
KING OF PRUSSIA, PA 19406 US**

Mailing Address  
**2100 RENAISSANCE BLVD  
KING OF PRUSSIA, PA 19406 US**

00010010



2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

01242006 Chg-P CR2E034 (11/05)

City & State

City & State

4. FEI Number  
**13-4025763**

Applied For  
Not Applicable

Zip Country

Zip Country

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

## 6. Name and Address of Current Registered Agent

**NRAI SERVICES, INC  
2731 EXECUTIVE PARK DRIVE  
SUITE 4  
WESTON, FL 33331**

## 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, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

## 10. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	COURSEN, JEFF	
STREET ADDRESS	2100 RENAISSANCE BLVD	
CITY-ST-ZIP	KING OF PRUSSIA, PA 19406	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	KHORRAM, ALEX	
STREET ADDRESS	2100 RENAISSANCE BLVD	
CITY-ST-ZIP	KING OF PRUSSIA, PA 19406	
TITLE	VT	<input type="checkbox"/> Delete
NAME	PERITZ, NEIL	
STREET ADDRESS	2100 RENAISSANCE BLVD	
CITY-ST-ZIP	KING OF PRUSSIA, PA 19406	
TITLE	VS	<input checked="" type="checkbox"/> Delete
NAME	HOLT, CHRIS	
STREET ADDRESS	75 BROAD ST., 27TH FLOOR	
CITY-ST-ZIP	NEW YORK, NY 10004	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	KNAPP, BARCLAY	
STREET ADDRESS	110 E 59TH ST, 26TH FLOOR	
CITY-ST-ZIP	NEW YORK, NY 10022	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	GRAVINA, THOMAS	
STREET ADDRESS	2100 RENAISSANCE BLVD	
CITY-ST-ZIP	KING OF PRUSSIA, PA 19406	

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	David Larsen	
STREET ADDRESS	315 Park Avenue South, 11th floor	
CITY-ST-ZIP	New York, NY 10010	
TITLE	Secretary	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Mark Epstein	
STREET ADDRESS	2100 Renaissance Blvd.	
CITY-ST-ZIP	King of Prussia, PA 19406	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	David Larsen	
STREET ADDRESS	315 Park Avenue South, 11th floor	
CITY-ST-ZIP	New York, NY 10010	
TITLE	Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Joseph Steinberg	
STREET ADDRESS	315 Park Avenue South, 11th floor	
CITY-ST-ZIP	New York, NY 10010	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Mark Epstein*

*1/31/06*

Date

*610-755-4000*

Daytime Phone #