FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F04000001728

1. Entity Name: CoreComm-ATX Inc.

FILED
05 JAN -3 AM 9:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
2100 Renaissance Blvd.	2100 Renaissance Blvd.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: King of Prussia PA	City & State: King of Prussia PA
Zip: 19406 Country: USA	Zip: 19406 Country: USA

DO NOT WRITE IN THIS SPACE

4. FEI Number: 23-3060529 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: NRAI Services, Inc.

Street Address (P.O. Box Number is Not Acceptable): 526 E. Park Avenue

City: Tallahassee **FL** Zip Code: 32301

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstated.)

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	President Jeff Coursen 2100 Renaissance Blvd KOP PA 19406	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	900043794609 01/03/05--01014--018 **150.00
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Sr VP & Secretary Chris Holt 75 Broad St 27th Flr NY NY 10004	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Sr VP & Treasurer Neil Peritz 2100 Renaissance Blvd KOP PA 19406	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	**DO NOT WRITE**
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Barclay Knapp Director 110 E 59th St 26th Flr NY NY 10022	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	**IN THIS SPACE**
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Thomas Gravina Director 2100 Renaissance Blvd KOP PA 19406	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	

CR2E034B (12/02)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: _____ 12-28-04 610-755-4006
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #