
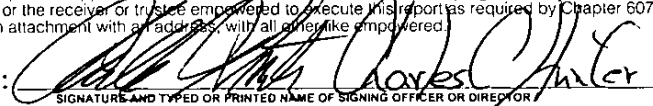


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 01, 2008 8:00 am**  
**Secretary of State**

02-01-2008 90024 030 \*\*\*150.00

DOCUMENT # F04000001728					
1. Entity Name <b>CORECOMM-ATX, INC.</b>					
Principal Place of Business 2100 RENAISSANCE BLVD KING OF PRUSSIA, PA 19406			Mailing Address 2100 RENAISSANCE BLVD KING OF PRUSSIA, PA 19406		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		Zip	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND RD PLANTATION, FL 33324			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 _____ DATE _____					
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	CEOP	<input checked="" type="checkbox"/> Delete	TITLE	President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ROBINSON, MICHAEL		NAME	Michael Robinson	
STREET ADDRESS	2100 RENEISSANCE BLVD		STREET ADDRESS	800 Westchester Ave, Suite N501	
CITY-ST-ZIP	KING OF PRUSSIA, PA 19406		CITY-ST-ZIP	Rye Brook, NY 10573	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TUNNEY, STEVE		NAME	Steve Tunney	
STREET ADDRESS	2100 RENEISSANCE BLVD		STREET ADDRESS	800 Westchester Ave, Suite N501	
CITY-ST-ZIP	KING OF PRUSSIA, PA 19406		CITY-ST-ZIP	Rye Brook, NY 10573	
TITLE	S	<input checked="" type="checkbox"/> Delete	TITLE	Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	EPSTEIN, MARK		NAME	Charles C. Hunter	
STREET ADDRESS	2100 RENAISSANCE BLVD		STREET ADDRESS	800 Westchester Ave, Suite N501	
CITY-ST-ZIP	KING OF PRUSSIA, PA 19406		CITY-ST-ZIP	Rye Brook, NY 10573	
TITLE	VT	<input checked="" type="checkbox"/> Delete	TITLE	Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PERITZ, NEIL		NAME	Corey Rinker	
STREET ADDRESS	2100 RENAISSANCE BLVD		STREET ADDRESS	800 Westchester Ave, Suite N501	
CITY-ST-ZIP	KING OF PRUSSIA, PA 19406		CITY-ST-ZIP	Rye Brook, NY 10573	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RUBENSTEIN, SAM		NAME	Sam Rubenstein	
STREET ADDRESS	2100 RENEISSANCE BLVD		STREET ADDRESS	800 Westchester Ave, Suite N501	
CITY-ST-ZIP	KING OF PRUSSIA, PA 19406		CITY-ST-ZIP	Rye Brook, NY 10573	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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:  1/14/08 914-922-7559					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

40015931



01102008 Chg-P CR2E034 (12/06)

4. FEI Number 23-3060529 Applied For Not Applicable

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

FL

Zip Code

DATE

☐ Change ☒ Addition

☐ Change ☒ Addition

☐ Change ☒ Addition

☐ Change ☒ Addition

☐ Change ☒ Addition

☐ Change ☐ Addition

Date

Daytime Phone #