

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F93000000719

1. Entity Name  
NCAA HOLDINGS, INC.



**FILED**  
04 FEB 20 PM 3:34  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
1 NORTH MAIN  
COUDERSPORT, PA 16915 US

Mailing Address  
1 NORTH MAIN  
COUDERSPORT, PA 16915 US



01222004 Chg-P CR2E034 (10/03)

2. Principal Place of Business  
5619 DTC Parkway

3. Mailing Address  
Same

Suite, Apt. #, etc.  
Suite 800

Suite, Apt. #, etc.

City & State  
Greenwood Village, CO

City & State

4. FEI Number  
25-1705210

Applied For  
Not Applicable

Zip  
80111

Country  
USA

Zip

Country

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

## 6. Name and Address of Current Registered Agent

## 7. Name and Address of New Registered Agent

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
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

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. ☐

\$5.00 May Be  
Added to Fees

## 10. OFFICERS AND DIRECTORS

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P COOPER, RON 1 N MAIN STREET COUDERSPORT, PA 16915	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AVP SONNENBERG, BRAD 1 NORTH MAIN STREET COUDERSPORT, PA 16915	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPT MORRIS, CHRISTINE 1 N MAIN STREET COUDERSPORT, PA 16915	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO SCHLEYER, WILLIAM ONE N MAIN STREET COUDERSPORT, PA 16915	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VAS ARIAS, MARIA ONE N MAIN ST COUDERSPORT, PA 16915	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VAT MACDONALD, SCOTT 1 NORTH MAIN ST COUDERSPORT, PA 16915	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

SEE EXHIBIT A ATTACHED HERETO FOR LIST  
OF OFFICERS AND DIRECTORS

200029143702

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:

*Kathy L. Waterman*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/13/04

Date

(303) 268-6300

Daytime Phone #

Kathy L. Waterman, Assistant Secretary

Ta

**EXHIBIT A**

**OFFICERS AND DIRECTORS**

<b><u>Name</u></b>	<b><u>Title</u></b>	<b><u>Address</u></b>
William T. Schleyer	Chief Executive Officer and Director	5619 DTC Parkway, Suite 800 Greenwood Village, CO 80111
Ron Cooper	President and Director	5619 DTC Parkway, Suite 800 Greenwood Village, CO 80111
Brad Sonnenberg	Executive Vice President, General Counsel and Secretary	5619 DTC Parkway, Suite 800 Greenwood Village, CO 80111
Vanessa Wittman	Executive Vice President, Chief Financial Officer, Treasurer and Director	5619 DTC Parkway, Suite 800 Greenwood Village, CO 80111
James Zerefos	Vice President and Assistant Secretary	5619 DTC Parkway, Suite 800 Greenwood Village, CO 80111
Patty Conroy	Assistant Secretary	5619 DTC Parkway, Suite 800 Greenwood Village, CO 80111
Kathy L. Waterman	Assistant Secretary	5619 DTC Parkway, Suite 800 Greenwood Village, CO 80111



CORPORATION SERVICE COMPANY™

ACCOUNT NO. : 072100000032

REFERENCE : 450396 7389086

AUTHORIZATION : *Patricia Pigute*

COST LIMIT : \$ 150.00

ORDER DATE : February 19, 2004

ORDER TIME : 11:31 AM

ORDER NO. : 450396-040

CUSTOMER NO: 7389086

CUSTOMER: Kathy L. Waterman  
Adelphia Communications  
Suite 800  
5619 Dtc Parkway  
Greenwood Villa, CO 80111

ANNUAL REPORT FILING

NAME: NCAA HOLDINGS, INC.

RECEIVED  
04 FEB 20 PM 1:04  
DIVISION OF CORPORATION

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

       CERTIFIED COPY  
XX PLAIN STAMPED COPY  
       CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Susie Knight - Ext. 2956

EXAMINER'S INITIALS: \_\_\_\_\_