

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Feb 27, 1999 8:00 am
Secretary of State

02-27-1999 90036 036 ***150.00

DOCUMENT # F93000001337

1. Corporation Name
V CABLE GP, INC.

Principal Place of Business
**ONE MEDIA CROSSWAYS
WOODBURY NY 11797**

Mailing Address
**ONE MEDIA CROSSWAYS
WOODBURY NY 11797**



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/17/1993

4. FEI Number

11-3101886

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required.

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

1111 Stewart Avenue

2a. Mailing Address **c/o Paralegal**

1111 Stewart Avenue

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Bethpage NY

City & State

Bethpage NY

Zip

11714

Country

USA

Zip

11714

Country

USA

9. Name and Address of Current Registered Agent

**THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **CD
DOLAN, CHARLES F**
STREET ADDRESS **ONE MEDIA CROSSWAYS**
CITY-ST-ZIP **WOODBURY NY 11797**

TITLE ☐ DELETE

NAME **EVP
LEMLE, ROBERT S**
STREET ADDRESS **ONE MEDIA CROSSWAYS**
CITY-ST-ZIP **WOODBURY NY 11797**

TITLE ☐ DELETE

NAME **VCD
BELL, WILLIAM J**
STREET ADDRESS **ONE MEDIA CROSSWAYS**
CITY-ST-ZIP **WOODBURY NY 11797**

TITLE ☐ DELETE

NAME **EVP
ROSENGARD, ANDREW**
STREET ADDRESS **ONE MEDIA CROSSWAYS**
CITY-ST-ZIP **WOODBURY NY 11797**

TITLE ☐ DELETE

NAME **VCD
LUSTGARTEN, MARC**
STREET ADDRESS **ONE MEDIA CROSSWAYS**
CITY-ST-ZIP **WOODBURY NY 11797**

TITLE ☐ DELETE

NAME **VP
RENZO MORI**
STREET ADDRESS **ONE MEDIA CROSSWAYS**
CITY-ST-ZIP **WOODBURY NY**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

**1111 Stewart Avenue
Bethpage NY 11714**

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

**1111 Stewart Ave
Bethpage NY 11714**

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

**1111 Stewart Ave
Bethpage NY 11714**

4.1 TITLE ☒ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

**1111 Stewart Ave
Bethpage NY 11714**

5.1 TITLE ☒ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

**1111 Stewart Ave
Bethpage NY 11714**

6.1 TITLE ☒ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

**1111 Stewart Ave
Bethpage NY 11714**

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/21/99

CR2E034 (11/98)

0005985