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

DOCUMENT # F96000002957

BRESNAN COMMUNICATIONS, INC.

Principal Place	e of Business	Mailing Addres	is			() \$50 (\$60 () \$10	** ***** ***** ****	
709 WESTCHESTER AVE 709 WESTCHESTER AVE								
WHITE PLAINS NY 10604 WHITE PLAINS NY 10604					DO NOT WRITE IN TH	IS SPACE		
						3. Date Incorporated or Qualifed	IO OI AOL	
						06/12/1996		
2 Principal Pl	ace of Business	2a. Mailing Add	dress			4. FEI Number	Ap	plied For
21		26				13-3240080	No	Applicable
Suite, Apt.	#, etc.	Suite, Apt.	#, etc.			5. Certificate of Status Desired	\$8.75 A	
22		27				5. Certifcate of Status Desired	Fee Re	quired
City & State	9	City & Stat	City & State			6. Election Campaign Financing	\$5.00	,
23		28		<u>_</u>		Trust Fund Contribution	Added to	Fees
Zip	Country	Zip	F	Country	'	8. This corporation owes the current year	Intangible Yes	□No
24	25	[29]	30	<u>' </u>		Personal Property Tax. 10. Name and Address of New Registere		
	9. Name and Address of Curren	t Registered Agen		81	Name	10. Name and Address of New Registers	d Agent	
C T CORPORATION SYSTEM								
1200 SOUTH PINE ISLAND ROAD			82	Street Ac	ddress (P.O. Box Number is Not Acceptable)			
PLANTATION FL 33324			83					
				84	City	F	85 Zip C	Code
office or re agent. I a	to the provisions of Sections 607.050: egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida. Such cha	inge was auth	orized by	the corpora	orporation submits this statement for the purpose ation's board of directors. I hereby accept the applications are supported by the support of the support o	of changing its pointment as req	registered gistered
SIGNATURE	Signature, typed or printed name of registered agen	t and title if applicable.	(NOTE, Re	gistered Ager	nt signature requ	uired when reinstating) DATE		
12.	OFFICERS AN	D DIRECTORS		13.		ADDITIONS/CHANGES TO OFFICERS		
TITLE	CEO ;		DELETE	1.1 TITLE			Change	Addition
NAME	BRESNAN, WILLIAM J			1.2 NAME				
STREET ADDRESS	709 WESTCHESTER AVE			1.3 STREE	TADDRESS			
CITY-ST-ZIP	WHITE PLAINS NY 10604			1.4 CITY-S	T-ZIP	<u> </u>		
TITLE	PS		DELETE	2.1 TITLE			Change	☐ Addition
NAME	BRESNAN, WILLIAM J			2.2 NAME				}
STREET ADDRESS	709 WESTCHESTER AVE			2.3 STREE				
CITY-ST-ZIP	WHITE PLAINS NY 10604		DELETE	2. 4 CITY-5	ST-ZIP		Change	Addition
TITLE	VST	Ш	DELETE	3.1 TITLE	į.		Gridinge	
NAME					I .			
STREET ADDRESS	DEMOND, JEFFREY S			3.2 NAME				
	709 WESTCHESTER AVE			3.3 STREE	TADDRESS			
CITY-ST-ZIP	709 WESTCHESTER AVE WHITE PLAINS NY 10604		DELETE	3.3 STREE 3.4. CITY-S			Change	Addition
CITY-ST-ZIP	709 WESTCHESTER AVE WHITE PLAINS NY 10604 CFO		DELETE	3.3 STREE 3.4. CITY-S 4.1 TITLE			☐ Change	☐ Addition
CITY-ST-ZIP TITLE NAME	709 WESTCHESTER AVE WHITE PLAINS NY 10604 CFO DEMOND, JEFFREY S		DELETE	3.3 STREE 3.4. CITY-S 4.1 TITLE 4. 2 NAME	ST-ZIP		☐ Change	☐ Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS	709 WESTCHESTER AVE WHITE PLAINS NY 10604 CFO DEMOND, JEFFREY S 709 WESTCHESTER AVE		DELETE	3.3 STREE 3.4. CITY-S 4.1 TITLE 4. 2 NAME 4.3 STREE	TADDRESS		☐ Change	☐ Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	709 WESTCHESTER AVE WHITE PLAINS NY 10604 CFO DEMOND, JEFFREY S			3.3 STREE 3.4. CITY-S 4.1 TITLE 4.2 NAME 4.3 STREE 4.4 CITY-S	TADDRESS		☐ Change	☐ Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	709 WESTCHESTER AVE WHITE PLAINS NY 10604 CFO DEMOND, JEFFREY S 709 WESTCHESTER AVE WHITE PLAINS NY 10604 V		DELETE	3.3 STREE 3.4. CITY-S 4.1 TITLE 4. 2 NAME 4.3 STREE	TADDRESS			
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	709 WESTCHESTER AVE WHITE PLAINS NY 10604 CFO DEMOND, JEFFREY S 709 WESTCHESTER AVE			3.3 STREE 3.4. CITY-S 4.1 TITLE 4.2 NAME 4.3 STREE 4.4 CITY-S 5.1 TITLE 5.2 NAME	TADDRESS			

WHITE PLAINS NY 10604 14. 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 frustee 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 adachment with an appears, with all other like empowered.

* Z :-

62 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ DELETE

SIGNATURE:

BRESNAN, DANIEL J

709 WESTCHESTER AVE

TITLE

NAME

STREET ADDRESS

FILED

Jun 09, 1999 8:00 am Secretary of State

06-09-1999 90004 040 ***550.00

☐ Addition