**FILED** 

Feb 26, 1999 8:00 am Secretary of State

02-26-1999 90017 029 \*\*\*150.00

## 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 # F97000002515

1. Corporation Name

ADELPHIA TELECOMMUNICATIONS, INC.

Principal Place	of Business	Mailing Address		<del></del>		i (BBI) BE ting iftit iffit geit geite gater geter ga	itt mättä tiämt mitmi t	iffet fitt tætt
MAIN AT WATER ST. MAIN AT WATER ST.					-	·		
COUDERSPORT PA 16915 COUDERSPORT PA 16915							"0 00 t 05	
					<u> </u>	DO NOT WRITE IN THIS SPACE		
						e Incorporated or Qualifed		
						/12/1997 Number	l Ase	plied For
<del></del>	ace of Business	2a. Mailing Address					<u> </u>	t Applicable
21		Suite Ant # etc	Suite, Apt. #, etc.		25	-1759343	\$8.75 A	
Suite, Apt. #, etc.		<del> </del>	Suite, Apr. #, etc.		5. Cer	tifcate of Status Desired	Fee Re	
City & State		City & State	City & State		e Ein	ction Campaign Financing	\$5.00	May Ra
<b>–</b> '		28	¬ '		<b>I</b>	st Fund Contribution	Added to	
23 Zip	Country	Zip	Country			s corporation owes the current year	Intangible	
24	25	29 30	7		<b>I</b>	sonal Property Tax.		[X]No
	9. Name and Address of Curren	1 = 1			10. Na	me and Address of New Register	ed Agent	
			81	Name	-			
CORPORATION SERVICE COMPANY				Street Add	ress (P.O.	Box Number is Not Acceptable)		
1201 HAYS STREET TALLAHASSEE FL 32301-2525			82	00017.00				
TALL		83			•			
			84	City			85 Zip C	Code
			1	1			FL   "   '	
11. Pursuant t	to the provisions of Sections 607,050, egistered agent, or both, in the State	2 and 607.1508, Florida Statutes,	the above	e-named corp	poration sul	omits this statement for the purpose	of changing its pointment as rec	registered pistered
office or re agent. I ar	egistered agent, or both, in the State i m familiar with, and accept the obligat	of Florida. Such change was auth tions of, Section 607.0505, Florida	Statutes		ion's board	or directors. Thereby accept the ap	politariorit == . •s	,
SIGNATURE								
SIGNATURE	Signature, typed or printed name of registered agen			nt signature require				DC (N 12
12.		D DIRECTORS	13.		ADD	ITIONS/CHANGES TO OFFICERS	Change	Addition
TITLE	PD PIONE IN I	☐ DELETE	1.1 TITLE					
NAME.	RIGAS, JOHN J		1.2 NAME					}
STREET ADDRESS				TADDRESS				
CITY-ST-ZIP			1.4 CITY-S 2.1 TITLE	1-ZIP			Change	Addition
TITLE	VD	G bettere	2.0 NAME					_
NAME				T ADDRESS		_		
STREET ADDRESS								
CITY-ST-ZIP			2. 4 CITY-5 3.1 TITLE	οι-Δ <b>Ι</b> Ρ			☐ Change	Addition
TITLE	RIGAS, JAMES P		3.2 NAME					İ
NAME STREET ADDRESS	MAIN AT WATER ST.			TADDRESS				
	COUDERSPORT PA 16915		3.4. CITY-5	i				
CITY-ST-ZIP	DVT	☐ DÉLETE	4.1 TITLE				☐ Change	Addition
NAME	RIGAS, TIMOTHY J	_	4. 2 NAME					
STREET ADDRESS	MAIN AT WATER ST.	· ·	4.3 STREE	TADDRESS		•		
CITY-ST-ZIP	COUDERSPORT PA 16915		4.4 CITY-S					
TITLE	DVS	☐ DELETE	5.1 TITLE		-		Change	☐ Addition
NAME	MILLIARD, DANIEL R		5.2 NAME					
STREET ADDRESS	MAIN AT WATER ST.		5.3 STREE	T ADDRESS				
CITY-ST-ZIP	COUDERSPORT PA 16915		5.4 CITY-S	T-ZIP				
TITLE	VS	☐ DELETE	6.1 TITLE			•	☐ Change	Addition
NAME	FISHER, RANDALL D		6.2 NAME	1			•	
STREET ADDRESS	AAABA AT MAATED OT		6.3 STREE	T ADDRESS				
CITY-ST-ZIP	COUDERSPORT PA 16915		6.4 CITY-S	T-ZIP				

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 addyss, with all other like empowered.

SIGNATURE:

Randall D. Fisher

(814) 274-9830

Daytime Phone #