FILED

Feb 19, 2002 8:00 am

2002 UNIFORM BUSINESS REPORT (UBR)

Secretary of State DOCUMENT # F97000002515 1. Entity Name 02-19-2002 90123 041 ***150.00 ADELPHIA TELECOMMUNICATIONS, INC. Principal Place of Business Mailing Address ONE NORTH MAIN ST. ONE NORTH MAIN ST. COUDERSPORT PA 16915 COUDERSPORT PA 16915 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 25-1759343 Not Applicable Country Zip Country Zio \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CORPORATION SERVICE COMPANY Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET TALLAHASSEE FL 32301-2525 City Zip Code F 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. 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 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. CR2E034 (9/01) ☐ Change ☐ Addition PD ☐ Delete NAME RIGAS, JOHN J NAME STREET ADDRESS ONE NORTH MAIN ST. STREET ADDRESS CITY-ST-ZIP **COUDERSPORT PA 16915** CITY-ST-ZIP TITLE **VSD** ☐ Delete TITLE Change ☐ Addition NAME RIGAS, MICHAEL J NAME STREET ADDRESS STREET ADDRESS ONE NORTH MAIN ST. CITY-ST-ZIP CITY-ST-ZIP **COUDERSPORT PA 16915** TITLE ☐ Delete TITLE ☐ Change ☐ Addition D۷ NAME NAME RIGAS, JAMES P STREET ADDRESS STREET ADDRESS ONE NORTH MAIN ST. CITY-ST-ZIP CITY-ST-ZIP COUDERSPORT PA 16915 TITLE Delete TITLE ☐ Change ☐ Addition DVT NAME RIGAS, TIMOTHY J NAME STREET ADDRESS STREET ADDRESS ONE NORTH MAIN ST. CITY-ST-ZIP **COUDERSPORT PA 16915** CITY-ST-ZIP ☐ Change ☐ Delete TITLE ☐ Addition NAME NAME MILLIARD, DANIEL R STREET ADDRESS STREET ADDRESS ONE NORTH MAIN ST. CITY-ST-ZIP CITY-ST-ZIP **COUDERSPORT PA 16915** ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME FISHER, RANDALL D NAME STREET ADDRESS STREET ADDRESS ONE NORTH MAIN ST. CITY-ST-7IP CITY-ST-ZIP **COUDERSPORT PA 16915**

13. 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 mustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment w th an add her like empowered.

SIGNATURE:

- Cired ATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Affachment

319699

Adelphia

F9700002515

January 29, 2002

VIA OVERNIGHT

Department of State Division of Corporations PO Box 1500 Tallahassee, FL 32302-1500

RE: 2002 Uniform Business Report / Adelphia Telecommunications, Inc.

Dear Sir or Madam:

Enclosed in duplicate for filing, please find the completed 2002 Uniform Business Report for Adelphia Telecommunications, Inc. Please date stamp the enclosed extra copy of the report and return it in the self-addressed, stamped envelope provided so that we may update our records.

Also enclosed please find a check in the amount of \$150.00, payable to the Department of State, to cover the filing fee.

If you have any questions, please do not hesitate to contact the undersigned.

Sincerely,

Melody A. Heller Legal Assistant

Greedy G. Geller

mah

Enclosures

cc:

James Rigas

Affachment 3/9699 #F9700002515

Adelphia

January 29, 2002

VIA OVERNIGHT

Department of State
Division of Corporations
PO Box 1500
Tallahassee, FL 32302-1500

RE:

2002 Uniform Business Report / Adelphia Telecommunications, Inc.

Dear Sir or Madam:

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Also enclosed please find a check in the amount of \$150.00, payable to the Department of State, to cover the filing fee.

If you have any questions, please do not hesitate to contact the undersigned.

Internet www.adeiphia.net

Sincerely,

Melody A. Heller Legal Assistant

youldy G. Wille

mah Enclosures

cc: James Rigas

Adelphia

1 NORTH MAIN STREET COUDERSPORT, PA 16915

PAY One Hundred Fifty & no 100 Dollars

TO THE ORDER **OF**

DEPARTMENT OF STATE DIVISION OF CORPORATIONS PO BOX 1500 TALLAHASSEE FL 32302-1500

First Union National Bank of Florida Pensacola, FL 32534

No. 1119656

01/24/2002

63-1012/632

Check No. 1119656

Discount

"Olll9656" [[O6321012512079940000351"

Adelphia

Vendor/Invoice Comments

DETACH ALONG THIS PERFORATION

Vendor No. AP-000-118150 - DEPARTMENT OF STATE

011802-15000		\$ 150.00		\$ 150.00
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·	TOTALS	\$ 150.00		\$ 150.00

2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

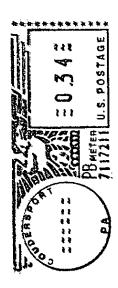
DOCUMENT # F9700002515 1. Entity Name ADELPHIA TELECOMMUNICATIONS, INC.					3/9699			
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Principal Place of Business 3. Mailing Address								
Suite, Apt. #, etc. Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE				
City & Sta	City & State - City & State			4.	4. FEI Number 25-1759343 Applied For Not Applied ber			
Zip	Country	Zip .	Country	5.	Certificate of Status Desired	\$8.75 Add	ditional	
	6. Name and Address of Current F	Registered Agent		7.	Name and Address of New Registered			
CORPORATION SERVICE COMPANY 1201 HAYS STREET				Name Street Address (P.O. Box Number is Not Acceptable)				
TALLAHASSEE FL 32301-2525		City		FL	Zip Cod	e		
Tax filing	oration is eligible to satisfy its Intangible requirement and elects to do so ria on back)	After May 1, 2002 Make Check Payable	to Department of	00 State	45	니 Added	0 May Be I to Fees	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD RIGAS, JOHN J ONE NORTH MAIN ST. COUDERSPORT PA 16915	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Ai	DDITIONS/CHANGES TO OFFICERS ANI	D DIRECTORS ☐ Change	5 IN 11 ☐ Addition	
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of the corp	on this report or supplemental report is tr	rue and accurate and that my s rered to execute this report as r	ignature shall have.	the same.	119.07(3)(i), Florida Statutes. I further cer legal effect as if made under oath; that I a ida Statutes; and that my name appears i	am an officer o	or director !	

AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1 North Main Street Coudersport PA 16915

delonia

Adelphia Buisness Solutions Melody Heller One North Main Street Coudersport, PA 16915



319699