

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 19, 2002 8:00 am**  
**Secretary of State**

CR1007R AT

**DOCUMENT # F97000002515**

1. Entity Name  
**ADELPHIA TELECOMMUNICATIONS, INC.**

02-19-2002 90123 041 \*\*\*150.00

Principal Place of Business      Mailing Address  
**ONE NORTH MAIN ST.**      **ONE NORTH MAIN ST.**  
**COUDERSPORT PA 16915**      **COUDERSPORT PA 16915**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business      3. Mailing Address  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.  
 City & State      City & State

4. FEI Number      Applied For  
**25-1759343**      Not Applicable  
 5. Certificate of Status Desired       **\$8.75** Additional Fee Required

Zip      Country      Zip      Country

6. Name and Address of Current Registered Agent  
**CORPORATION SERVICE COMPANY**  
**1201 HAYS STREET**  
**TALLAHASSEE FL 32301-2525**

7. Name and Address of New Registered Agent  
 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.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.  **FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2002 Fee will be \$550.00**  
**Make Check Payable to Department of State**  
 10. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>RIGAS, JOHN J</b> <b>ONE NORTH MAIN ST.</b> <b>COUDERSPORT PA 16915</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VSD</b> <b>RIGAS, MICHAEL J</b> <b>ONE NORTH MAIN ST.</b> <b>COUDERSPORT PA 16915</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DV</b> <b>RIGAS, JAMES P</b> <b>ONE NORTH MAIN ST.</b> <b>COUDERSPORT PA 16915</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DVT</b> <b>RIGAS, TIMOTHY J</b> <b>ONE NORTH MAIN ST.</b> <b>COUDERSPORT PA 16915</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPE</b> <b>MILLIARD, DANIEL R</b> <b>ONE NORTH MAIN ST.</b> <b>COUDERSPORT PA 16915</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VSGC</b> <b>FISHER, RANDALL D</b> <b>ONE NORTH MAIN ST.</b> <b>COUDERSPORT PA 16915</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 trustee 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 with an address, with all other like empowered.

SIGNATURE: **DANIEL R. MILLIARD**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
 Date: **2/1/02**      Daytime Phone #: **814-274-9830**

CR2E034 (9/01)

Attachment

319699

# 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:

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

mah

Enclosures

cc: James Rigas

Attachment

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Enclosures  
cc: James Rigas



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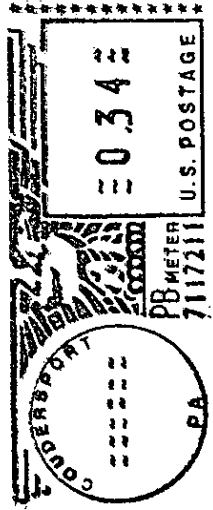
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1 North Main Street  
Coudersport PA 16915

**Adelphia**



319699

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