F97000002515

| (Requestor's Name) | | | | |
|-----------------------------------------|--|--|--|--|
| (Address) | | | | |
| (Address) | | | | |
| (City/State/Zip/Phone #) | | | | |
| PICK-UP WAIT MAIL | | | | |
| (Business Entity Name) | | | | |
| (Document Number) | | | | |
| Certified Copies Certificates of Status | | | | |
| Special Instructions to Filing Officer: | | | | |
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Office Use Only



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O4 MAY 14 PM 3: 0 SECRETARY OF STAT FALLAHASSEE, FLORIN

GHATTH PHZ: 57

R.A. Wars

MAY 1 4 2004



ACCOUNT NO. : 072100000032

REFERENCE : 641230 7389086

AUTHORIZATION

COST LIMIT \$ 35.00

ORDER DATE: May 12, 2004

ORDER TIME : 11:04 AM

ORDER NO. : 641230-100

CUSTOMER NO: 7389086

CUSTOMER: Patty Conroy

Adelphia Communications

Suite 800

5619 Dtc Parkway Greenwood Villa, CO 80111

CHANGE OF AGENT

ADELPHIA TELECOMMUNICATIONS, NAME:

INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY PLAIN STAMPED COPY

CONTACT PERSON: Heather Chapman

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

| 3 -1 | | | |
|-----------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------|
| change is subm | provisions of sections 607.0502, 617.0502, 607. itted for a corporation organized under the laws | of the State of Delaware | s, this statement of in order |
| to change its re | gistered office or r egis tered agent, or both, in the | State of Florida. | |
| 1. The name of | the corporation: ADELPHIA TELECOMMUNICA | rions, inc. | |
| | office address: 5619 DTC Parkway, Suite | | CO 80111 |
| 3. The mailing a | address (if different): | | |
| 4. Date of incor | poration/qualification: 05/12/1997 D | ocument number: F9700000251 | 5 |
| | d street address of the current registered agent an rtment of State: | d registered office on file with the | |
| | C T Corporation System | | |
| | 1200 South Pine Island Road | | |
| | Plantation, FL 33324 | | SECO SECO |
| 6. The name and street address of the new registered agent (if changed) and /or registered office (if changed): | | | FILE IAY IL F RETARY O AHASSEE |
| | Corporation Service Company | | |
| | 1201 Hays Street | | 9. 4. 6. 6. 6. 6. 6. 6. 6. 6. 6. 6. 6. 6. 6. |
| | (P.O. Box or personal mailbox N | OT acceptable) | - ₹₩ 8 |
| | Tallahassee, FL 32301 | | _ |
| The street addre | ess of its registered office and the street address e identical. | of the business office of its regis | tered agent, as |
| Such change we the board, or th | as authorized by resolution duly adopted by its e corporation has been notified in writing of th | board of directors or by an office e change. | r so authorized by |
| Maureen Cullen, Attorney in Fact (Printed or typed name and tille) | | | |
| I further agree duties, and I an being filed mer | the appointment as registered agent and agree to comply with the provisions of all statutes rel n familiar with and accept the obligation of my ely to reflect a change in the registered office a writing of this change. | e to act in this capacity, ative to the proper and complete p position as registered agent. Or, ddress, I hereby confirm that the | performance of my if this document is corporation has |
| - | Service Company | May 5, 2004 | |
| BA: | toleplature of Registered Agent) | (Date) | |
| If signing on be | chalf of an entity: | | |
| Sylvia Quep | pet | Asst. Vice President | |
| | (Typed or Printed Name) | (Capacity) | |

* * * FILING FEE: \$35.00 * * *