

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

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**FILED**  
04 FEB 20 PM 4:03  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



01222004 Chg-P CR2E034 (10/03)

<b>DOCUMENT # F97000002517</b> 1. Entity Name <b>ADELPHIA TELECOMMUNICATIONS OF FLORIDA, INC.</b>					
Principal Place of Business <b>1 NORTH MAIN STREET COUDERSPORT, PA 16915 US</b>			Mailing Address <b>1 NORTH MAIN STREET COUDERSPORT, PA 16915 US</b>		
2. Principal Place of Business <b>5619 DTC Parkway</b>		3. Mailing Address <b>Same</b>			
Suite, Apt. #, etc. <b>Suite 800</b>		Suite, Apt. #, etc. 			
City & State <b>Greenwood Village, CO</b>		City & State 			
Zip <b>80111</b>		Country <b>USA</b>		Zip 	
Country <b>USA</b>		Zip 		Country 	
4. FEI Number <b>25-1798054</b>			Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>			<b>\$8.75 Additional Fee Required</b>		
6. Name and Address of Current Registered Agent  <b>CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>		
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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<div style="display: flex; justify-content: space-between;"> <div> <b>FILE NOW!!! FEE IS \$150.00</b>  <b>After May 1, 2004 Fee will be \$550.00</b> </div> <div>         9. Election Campaign Financing          Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> </div> <div>DATE _____</div> </div>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <b>COOPER, RONALD</b> <b>1 NORTH MAIN STREET</b> <b>COUDERSPORT, PA 16915</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>SEE EXHIBIT A ATTACHED HERETO FOR LIST OF OFFICERS AND DIRECTORS</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AVP <b>SONNENBERG, BRAD</b> <b>1 NORTH MAIN STREET</b> <b>COUDERSPORT, PA 16915</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPT <b>MORRIS, CHRISTINE</b> <b>1 NORTH MAIN STREET</b> <b>COUDERSPORT, PA 16915</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO <b>SCHLEYER, WILLIAM</b> <b>1 NORTH MAIN STREET</b> <b>COUDERSPORT, PA 16915</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <div style="text-align: center; font-size: 1.2em;">000029143640</div>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VAS <b>ARIAS, MARIA</b> <b>1 NORTH MAIN STREET</b> <b>COUDERSPORT, PA 16915</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VAT <b>MACDONALD, SCOTT</b> <b>1 NORTH MAIN STREET</b> <b>COUDERSPORT, PA 16915</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
<b>SIGNATURE:</b> <i>Kathy L. Waterman</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			2/12/04 <small>Date</small>		(303) 268-6300 <small>Daytime Phone #</small>

Kathy L. Waterman, Assistant Secretary

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**EXHIBIT A**  
**OFFICERS AND DIRECTORS**

<b><u>Name</u></b>	<b><u>Title</u></b>	<b><u>Address</u></b>
William T. Schleyer	Chief Executive Officer and Director	5619 DTC Parkway, Suite 800 Greenwood Village, CO 80111
Ron Cooper	President and Director	5619 DTC Parkway, Suite 800 Greenwood Village, CO 80111
Brad Sonnenberg	Executive Vice President, General Counsel and Secretary	5619 DTC Parkway, Suite 800 Greenwood Village, CO 80111
Vanessa Wittman	Executive Vice President, Chief Financial Officer, Treasurer and Director	5619 DTC Parkway, Suite 800 Greenwood Village, CO 80111
James Zerefos	Vice President and Assistant Secretary	5619 DTC Parkway, Suite 800 Greenwood Village, CO 80111
Patty Conroy	Assistant Secretary	5619 DTC Parkway, Suite 800 Greenwood Village, CO 80111
Kathy L. Waterman	Assistant Secretary	5619 DTC Parkway, Suite 800 Greenwood Village, CO 80111



CORPORATION SERVICE COMPANY"

ACCOUNT NO. : 072100000032

REFERENCE : 450396 7389086

AUTHORIZATION : *Patricia Piguet*

COST LIMIT : \$ 150.00

ORDER DATE : February 19, 2004

ORDER TIME : 11:26 AM

ORDER NO. : 450396-015

CUSTOMER NO: 7389086

CUSTOMER: Kathy L. Waterman  
Adelphia Communications  
Suite 800  
5619 Dtc Parkway  
Greenwood Villa, CO 80111

ANNUAL REPORT FILING

NAME: ADELPHIA TELECOMMUNICATIONS  
OF FLORIDA, INC.

RECEIVED  
04 FEB 20 PM 1:05  
DIVISION OF CORPORATION

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

       CERTIFIED COPY  
XX PLAIN STAMPED COPY  
       CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Susie Knight - Ext. 2956

EXAMINER'S INITIALS: \_\_\_\_\_