2001 UNIFORM BUSINESS REPORT (UBR)

Apr 28, 2001 8:00 am Secretary of State DOCUMENT # F98000004415 COX COMMUNICATIONS NEW YORK CITY, INC. 04-28-2001 90081 003 ***150.00 Principal Place of Business Mailing Address %COX ENTERPRISES, 1400 LAKE HEARN DR. %COX ENTERPRISES, 1400 LAKE HEARN DR. ATTN: CORPORATE TAX DEPT. ATTN: CORPORATE TAX DEPT. ATLANTA GA 30319 ATLANTA GA 30319 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 58-1547101 Not Applicable Country Zip Country Zip \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET TALLAHASSEE FL 32301 City Zip Code FL 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. (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. 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, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS ☐ Addition TITLE TITLE Delete HATCHER, JAMES A NAME NAME STREET ADDRESS 1400 LAKE HEARN DR. STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ATLANTA GA 30319 ☐ Change ☐ Addition D۷ ☐ Delete TITLE TITLE HAYES, JIMMY W NAME NAME STREET ADDRESS 1400 LAKE HEARN DR. STREET ADDRESS CITY-ST-ZIP ATLANTA GA 30319 CITY-ST-ZIP DP ☐ Change ☐ Addition TITLE ☐ Delete TITLE ROBBINS, JAMES O NAME NAME STREET ADDRESS STREET ADDRESS 1400 LAKE HEARN DR. CITY-ST-7IP CITY-ST-7IP ATLANTA GA 30319 ☐ Change ☐ Addition TITLE ☐ Delete TITLE BARNETT, PRESTON B NAME NAME STREET ADDRESS STREET ADDRESS 1400 LAKE HEARN DR. CITY-ST-ZIP CITY-ST-ZIP ATLANTA GA 30319 ☐ Change Addition ☐ Delete TITLE NAME MERDEK, ANDREW A STREET ADDRESS STREET ADDRESS 1400 LAKE HEARN DR. CITY-ST-ZIP CITY-ST-ZIP ATLANTA GA 30319 Addition ☑ Delete TITLE MARK MAJORS Change TITLE NAME CLEMENT, DALLAS-1400 LAKE HEARN DR. NAME STREET ADDRESS STREET ADDRESS -1400 Lake Hearn Dr. CITY-ST-ZIP GA 30319 ATLANTA, CITY-ST-ZIP ATLANTA GA 30319

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 reggiver 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/01 404-843-500