


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90324 024 ***158.75

DOCUMENT # G61817	
1. Entity Name FLORIDA CABLEVISION MANAGEMENT CORP.	

Principal Place of Business 290 HARBOR DR STAMFORD, CT 06902 US	Mailing Address C/O JANICE CANNON 75 ROCKEFELLER PLAZA NEW YORK, NY 10019 US
---	--

04040006



2. Principal Place of Business		3. Mailing Address % JANICE CANNON ONE TIME WARNER CENTER	
Suite, Apt. #, etc.		Suite, Apt. #, etc. 14TH FL, LEGAL DEPT	
City & State		City & State NEW YORK, NY	
Zip	Country	Zip	Country
		10019	

04282004 Chg-P CR2E034 (10/03)

4. FEI Number 14-1649213	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION, FL 33324		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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
---	--

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP CAPPUCCIO, PAUL T 75 ROCKEFELLER PLAZA NEW YORK, NY 10019 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP CAPPUCCIO, PAUL T. ONE TIME WARNER CENTER NEW YORK, NY 10019 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CANNON, JANICE 75 ROCKEFELLER PLAZA NEW YORK, NY 10019 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CANNON, JANICE ONE TIME WARNER CENTER NEW YORK, NY 10019 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DSVP HAYS, SPENCER B 75 ROCKEFELLER PLAZA NEW YORK, NY 10019 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DSVP HAYS, SPENCER B. ONE TIME WARNER CENTER NEW YORK, NEW YORK 10019 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V ALLAMAN, GAIL L 160 INVERNESS DR W ENGLEWOOD, CO 80112 <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	AT SOLOMON, JAMES M 75 ROCKEFELLER PLAZA NEW YORK, NY 10019 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	AT SOLOMON, JAMES, M. ONE TIME WARNER CENTER NEW YORK, NY 10019 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SV RACKERBY, THOMAS K 160 INVERNESS DRIVE WEST ENGLEWOOD, CO 80112 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input 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.

SIGNATURE: JAMES M. SOLOMON **JAMES M. SOLOMON** **4/29/04**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #