

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2006 8:00 am
Secretary of State

05-04-2006 90252 020 ***158.75

DOCUMENT # G61817

1. Entity Name
FLORIDA CABLEVISION MANAGEMENT CORP.



Principal Place of Business
290 HARBOR DR
STAMFORD, CT 06902 US

Mailing Address
ONE TIME WARNR CENTER C/O JANICE CANNON
14TH FL LEGAL DEPT
NEW YORK, NY 10019 US

50018778



2. Principal Place of Business
ONE TIME WARNER CENTER

3. Mailing Address

Suite, Apt. #, etc.
C/O J. CANNON LEGAL DEPT 14TH FL

Suite, Apt. #, etc.

04192006

Chg-P

CR2E034 (11/05)

City & State
NEW YORK, NEW YORK

City & State

4. FEI Number
14-1649213

Applied For
Not Applicable

Zip
10019

Country
USA

Zip

Country

5. Certificate of Status Desired ☒ \$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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
CAPPUCCIO, PAUL T
ONE TIME WARNER CENTER
NEW YORK, NY 10019 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
AS
CANNON, JANICE
ONE TIME WARNER CENTER
NEW YORK, NY 10019 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DSVP
HAYS, SPENCER B
ONE TIME WARNER CENTER
NEW YORK, NY 10019 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
BARGE, JAMES W
ONE TIME WARNER CENTER
NEW YORK, NY 10019 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VP
SOLOMON, JAMES M
ONE TIME WARNER CENTER
NEW YORK, NY 10019 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
MARCUS, ROBERT D
ONE TIME WARNER
NEW YORK, NY 10019 ☒ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SVP
KARICKHOFF, BRENDA C
ONE TIME WARNER CENTER
NEW YORK, NY 10019 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
LOGAN, DON
ONE TIME WARNER CENTER
NEW YORK, NY 10019 ☒ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

Janice Cannon
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JANICE CANNON 4/25/2006 212-484-6503

Date

Daytime Phone #