

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED

Mar 16 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **G90839** (3)
1. Corporation Name
CABLEVISION INDUSTRIES OF CENTRAL FLORIDA, INC.

Principal Place of Business
**300 FIRST STAMFORD PLACE
STAMFORD CT 06902**

Mailing Address
**C/O TWC TAX DEPT.
PO BOX 6700
ENGLEWOOD CO 80155-6700**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 290 Harbor Drive Suite, Apt. #, etc. 22 City & State 23 Stamford, CT Zip Country 24 06902 25		2a. Mailing Address 26 C/O TWC Tax Dept Suite, Apt. #, etc. 27 PO Box 6659 City & State 28 Englewood, CO Zip Country 29 80155-6659 30		3. Date Incorporated or Qualified 02/10/1984	
		4. FEI Number 14-1656308		Applied For Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
		8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code	
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11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

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

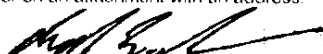
(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P/D	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAGE, PETER	1.2 NAME	
STREET ADDRESS	75 ROCKEFELLER PLAZA	1.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY 10019	1.4 CITY-ST-ZIP	
TITLE	V/D	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRESSLER, RICHARD J.	2.2 NAME	
STREET ADDRESS	75 ROCKEFELLER PLAZA	2.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY 10019	2.4 CITY-ST-ZIP	
TITLE	V/D	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAYS, SPENCER B.	3.2 NAME	
STREET ADDRESS	75 ROCKEFELLER PLAZA	3.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY 10019	3.4 CITY-ST-ZIP	
TITLE	V	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALLAMAN, GAIL L	4.2 NAME	Allaman, Gail L
STREET ADDRESS	5680 GREENWOOD PLAZA BLVD.	4.3 STREET ADDRESS	160 Inverness Drive West
CITY-ST-ZIP	ENGLEWOOD CO	4.4 CITY-ST-ZIP	Englewood, CO 80112
TITLE	AT	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HEFFY, LAURIE J	5.2 NAME	Karns, Mark L
STREET ADDRESS	5680 GREENWOOD PLAZA BLVD.	5.3 STREET ADDRESS	160 Inverness Drive West
CITY-ST-ZIP	ENGLEWOOD CO	5.4 CITY-ST-ZIP	Englewood CO 80112
TITLE	V	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHRISTIE, WARREN A.	6.2 NAME	Christie, Warren A.
STREET ADDRESS	75 ROCKEFELLER PLAZA	6.3 STREET ADDRESS	1271 Avenue of the Americas
CITY-ST-ZIP	NEW YORK NY 10019	6.4 CITY-ST-ZIP	New York, NY 10020

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:



Asst Treasurer 3/16/98 (303) 799-1200

CR2E034 (10/97)