

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 26, 1999 8:00 am
Secretary of State

04-26-1999 90093 036 ***150.00

DOCUMENT # G90839

1. Corporation Name

CABLEVISION INDUSTRIES OF CENTRAL FLORIDA, INC.

Principal Place of Business

**290 HARBOR DR
STAMFORD CT 06902
US**

Mailing Address

**C/O TWC TAX DEPT.
P. O. BOX 6659
ENGLEWOOD CO 80155-6659
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/10/1984

4. FEI Number

14-1656308

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

10. Name and Address of New Registered Agent

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

TITLE ☐ DELETE

NAME **P/D
HAJE, PETER**
STREET ADDRESS **75 ROCKEFELLER PLAZA**
CITY-ST-ZIP **NEW YORK NY 10019**

TITLE ☐ DELETE

NAME **V/D
BRESSLER, RICHARD J.**
STREET ADDRESS **75 ROCKEFELLER PLAZA**
CITY-ST-ZIP **NEW YORK NY 10019**

TITLE ☐ DELETE

NAME **V/D
HAYS, SPENCER B.**
STREET ADDRESS **75 ROCKEFELLER PLAZA**
CITY-ST-ZIP **NEW YORK NY 10019**

TITLE ☐ DELETE

NAME **V
ALLAMAN, GAIL L**
STREET ADDRESS **160 INVERNESS DR W**
CITY-ST-ZIP **ENGLEWOOD CO 80112**

TITLE ☐ DELETE

NAME **AT
KARAS, MARK L.**
STREET ADDRESS **160 INVERNESS DR W**
CITY-ST-ZIP **ENGLEWOOD CO 80112**

TITLE ☐ DELETE

NAME **V
CHRISTIE, WARREN A.**
STREET ADDRESS **1271 AVE OF THE AMERICAS**
CITY-ST-ZIP **NEW YORK NY 10020**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☒ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

**Christie, Warren A
75 Rockefeller Plaza
New York, NY 10019**

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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED ASST. TREASURER

Date

Daytime Phone #

4/19/99 (303) 799-1200

CR2E034 (1/98)