

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 24, 2002 8:00 am
Secretary of State

05-24-2002 91291 039 ***150.00

DOCUMENT # G90839

1. Entity 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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

14-1656308

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
 Tax filing requirement and elects to do so.
 (See criteria on back) ☒

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P/D** ☒ Delete
 NAME **BOGART, CHRISTOPHER**
 STREET ADDRESS **75 ROCKEFELLER PLAZA**
 CITY-ST-ZIP **NEW YORK NY 10019**

TITLE **P/D** ☒ Change ☐ Addition
 NAME **Paul T. Cappuccio**
 STREET ADDRESS **75 Rockefeller Plaza /**
 CITY-ST-ZIP **New York, NY 10019**

TITLE **V/D** ☒ Delete
 NAME **RIPP, JOSEPH A**
 STREET ADDRESS **75 ROCKEFELLER PLAZA**
 CITY-ST-ZIP **NEW YORK NY 10019**

TITLE **V/D** ☒ Change ☐ Addition
 NAME **Marc J. Apfelbaum**
 STREET ADDRESS **290 Harbor Drive /**
 CITY-ST-ZIP **Stamford, CT 06902**

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

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

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

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

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

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

TITLE **V** ☒ Delete
 NAME **RIGSBY, JOHN**
 STREET ADDRESS **75 ROCKEFELLER PLAZA**
 CITY-ST-ZIP **NEW YORK NY 10019**

TITLE ☒ Change ☐ Addition
 NAME **John Rigby**
 STREET ADDRESS **2251 Lucien Way, Suite 320 /**
 CITY-ST-ZIP **Maitland, FL 32751**

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 receiver 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 REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Assistant Treasurer

MARK L KARAS **4/26** **303-799-1200**
 Date Daytime Phone #

CR2E034 (9/01)