

2004 FOR PROFIT CORPORATION
ANNUAL REPORT

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

04-30-2004 90324 020 ***158.75

| | | | | | |
|---|--|---|---|--|--|
| 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 JANICE CANNON 75 ROCKEFELLER PLAZA NEW YORK, NY 10019 US | | |
| 2. Principal Place of Business Suite, Apt. #, etc. | | 3. Mailing Address % JANICE CANNON ONE TIME WARNER CENTER Suite, Apt. #, etc. 14TH FL, LEGAL DEPT | | | |
| City & State | | City & State NEW YORK, NY | | 4. FEI Number 14-1656308 | |
| Zip 10019 | | Country | | 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small> | | | | | |
| 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 | DSPV HAYS, SPENCER B. 75 ROCKEFELLER PLAZA NEW YORK, NY 10019 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | DSPV HAYS, SPENCER B. ONE TIME WARNER CENTER NEW YORK, NY 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 | (Empty) | <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 | SVP RIGSBY, JOHN 75 ROCKEFELLER PLAZA NEW YORK, NY 10019 | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | (Empty) | <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 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | 4/29/04 <small>Date Daytime Phone #</small> | | |