2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 11, 2007 8:00 am
Secretary of State
05-11-2007 90036 034 ***158.75

DOCUMENT # G90839

1. Entity Name
CABLEVISION INDUSTRIES OF CENTRAL FLORIDA, INC.

40111317

04192007 Chg-P CR2E034 (12/06)

Principal Place of Business	Mailing Address
ONE TIME WARNER CENTER C/O J. CANNON LEGAL DEPT. 14TH FL NEW YORK, NY 10019 US	ONE TIME WARNER CENTER C/O J. CANNON LEGAL DEPT. 14TH FL NEW YORK, NY 10019 US

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
ONE TIME WARNER CENTER	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: NEW YORK, NEW YORK	City & State
Zip: 10019 Country: USA	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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2007 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$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	D CAPPUCCIO, PAUL T ONE TIME WARNER CENTER NEW YORK, NY 10019	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SVP KAMBOUR, ANNALIESE S ONE TIME WARNER CENTER NEW YORK, NY 10019	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V SOLOMON, JAMES M ONE TIME WARNER CENTER NEW YORK, NY 10019	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V PHILLIPS, DOUGLAS S. ONE TIME WARNER CENTER NEW YORK, NY 10019	☒ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P LOGAN, DON ONE TIME WARNER CENTER NEW YORK, NY 10019	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ 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, ASSISTANT SECRETARY 4/30/2007
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #