

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 24, 2003 8:00 am**  
**Secretary of State**

04-24-2003 90195 020 \*\*\*150.00

**DOCUMENT # J55317**

1. Entity Name  
**ATLANTIC CABLEVISION OF FLORIDA, INC.**



Principal Place of Business  
**188 INVERNESS DR W  
ENGLEWOOD CO 80112  
US**

Mailing Address  
**P.O. BOX 5630  
DENVER CO 80217**

2. Principal Place of Business  
**1500 MARKET ST.**  
Suite, Apt. #, etc.

3. Mailing Address  
**1500 MARKET ST**  
Suite, Apt. #, etc.



☐ CHECK HERE IF MAKING CHANGES

City & State  
**PHILADELPHIA PA**  
Zip  
**19102-2148**  
Country  
**USA**

City & State  
**PHILADELPHIA PA**  
Zip  
**19102-2148**  
Country  
**USA**

4. FEI Number  
**84-1055229**

Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

**6. Name and Address of Current Registered Agent**

**C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND RD.  
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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

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	<b>D HUSEBY, MICHAEL P 188 INVERNESS DR W ENGLEWOOD CO 80112</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V/S BAILEY, RICK D 188 INVERNESS DR W ENGLEWOOD CO 80112</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D/P SCHLEYER, WILLIAM T 188 INVERNESS DR W ENGLEWOOD CO 80112</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T DWYER, EDWARD M 188 INVERNESS DR W ENGLEWOOD CO 80112</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>AS SHANK, JOHN L 188 INVERNESS DR W ENGLEWOOD CO 80112</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PRESIDENT STEPHEN B. BURKE 1500 MARKET ST. PHILADELPHIA PA 19102-2148</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VICE PRESIDENT C. STEPHEN BACKSTROM 1500 MARKET ST. PHILADELPHIA PA 19102-2148</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SECRETARY ARTHUR R. BLOCK 1500 MARKET ST. PHILADELPHIA PA 19102-2148</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TREASURER JOHN R. ALCHIN 1500 MARKET ST. PHILADELPHIA PA 19102-2148</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DIRECTOR ARTHUR R. BLOCK 1500 MARKET ST. PHILADELPHIA PA 19102-2148</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DIRECTOR LAWRENCE S. SMITH 1500 MARKET ST. PHILADELPHIA PA 19102-2148</b> <input type="checkbox"/> Change <input checked="" 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:**

**SIGNATURE REQUIRED**

**STEPHEN BACKSTROM**

Date

**215-981-7557**

Daytime Phone #

CR2E034 (10/02)