

**LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 18, 2002 8:00 am
Secretary of State

03-18-2002 90087 020 ****55.00

DOCUMENT # **L00000006953**

1. Entity Name

CENTURY COMMUNICATIONS V.I., LLC

512132

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3300 University Dr

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Coral Springs, FL

City & State

4. FEI Number

65-1028064

Applied For

Not Applicable

Zip

33065

Country

Florida

Zip

Country

5. Certificate of Status Desired ☒

\$5.00 Additional Fee Required

7. Name and Address of Current Registered Agent

Name

CORA DiFore

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

3300 University Dr

City

Coral Springs

FL

Zip Code

33065

**DO NOT WRITE
IN THIS SPACE**

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

Cora DiFore

2-25-02

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

DATE

FEE IS \$50.00

**Make Check Payable to Department of State
DUE BY MAY 1**

9. MANAGING MEMBERS / MANAGERS

TITLE
NAME

MGRM

NEIL EISNER

STREET ADDRESS

3300 University Dr

CITY - ST - ZIP

C.S. FL 33065

TITLE
NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE
NAME

MGRM

ROBERT FALCONE

STREET ADDRESS

3300 University Dr

CITY - ST - ZIP

C.S. FL 33065

TITLE
NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE
NAME

MGRM

ARTHUR FALCONE

STREET ADDRESS

3300 University Dr

CITY - ST - ZIP

C.S. FL 33065

TITLE
NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE
NAME

MGRM

EDWARD FALCONE

STREET ADDRESS

3300 University Dr

CITY - ST - ZIP

C.S. FL 33065

TITLE
NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE
NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE
NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE
NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE
NAME

STREET ADDRESS

CITY - ST - ZIP

**DO NOT WRITE
IN THIS SPACE**

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

Arthur Falcone

2-25-02