

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000011868

1. Entity Name
ADELPHIA CABLEVISION OF WEST PALM BEACH, LLC

Principal Place of Business
1500 MARKET STREET
PHILADELPHIA PA 19102

Mailing Address
1500 MARKET STREET
PHILADELPHIA PA 19102

2. Principal Place of Business
1 North Main Street

3. Mailing Address
1 North Main Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Coudersport PA

City & State
Coudersport PA

Zip
16915

Country
U.S.

Zip
16915

Country
U.S.

4. FEI Number
23-3057441

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

7. Name and Address of New Registered Agent

Name
Corporation Service Company
Street Address (P.O. Box Number is Not Acceptable)
1201 Hays Street
City
Tallahassee FL Zip Code
32301

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 *Georgiana McGinnis*

Georgiana McGinnis, Asst. V.P.
(NOTE: Registered Agent signature required when reinstating)

08/22/01

DATE

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Department of State
Due By September 26, 2001

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08/28/01--01064--025

*****50.00 *****50.00

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Member
Montgomery Cablevision Associations, LP
1 North Main Street
Coudersport PA 16915

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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10. ADDITIONS/CHANGES

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

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

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

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: *Randall D. Fisher* Randall D. Fisher, VP

7/20/01

(814) 274-9830

Date

Daytime Phone #

APPROVED
AND
FILED

01 AUG 23 PM 3:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

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