

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L00000011868

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



FILED
FEB 17 PM 3:22
CLERK OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
**1 NORTH MAIN STREET
COUDERSPORT, PA 16915**

Mailing Address
**1 NORTH MAIN STREET
COUDERSPORT, PA 16915**

BSK



2. Principal Place of Business
5619 DTC Parkway

3. Mailing Address
Same

Suite, Apt. #, etc.
Suite 800

Suite, Apt. #, etc.

02062004 Chg-LLC CR2E083 (10/03)

City & State
Greenwood Village, CO

City & State

4. FEI Number
23-3057441

Applied For
Not Applicable

Zip
80111

Country
USA

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$50.00
Due by May 1, 2004

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS / MANAGERS

10. ADDITIONS / CHANGES

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MEM
MONTGOMERY CABLEVISION ASSOCIATIONS, LP
1 NORTH MAIN STREET
COUDERSPORT, PA 16915** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**5619 DTC Parkway, Suite 800
Greenwood Village, Co 80111** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Change ☐ Addition
100028947631

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Delete

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: See Exhibit A attached hereto for signature

February 6, 2004

(303) 268-6300

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

L 00000011868

EXHIBIT A
SIGNATURE

FILED
04 FEB 17 PM 3:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

(2)

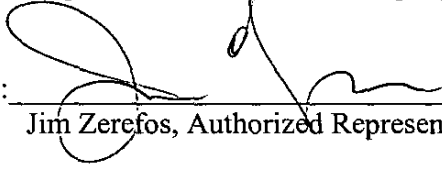
Adelphia Cablevision of West Palm Beach, LLC

By: Montgomery Cablevision Associates, L.P., as its Sole Member

By: Highland Video Associates, L.P., as its General Partner

By: Coudersport Television Cable Company, as its General Partner

By:


Jim Zerefos, Authorized Representative

BK

CSC **L00000011868**

CORPORATION SERVICE COMPANY™

ACCOUNT NO. : 072100000032

REFERENCE : 442977 7389086

AUTHORIZATION

Patricia Pajoto

COST LIMIT : \$ 50.00

ORDER DATE : February 16, 2004

ORDER TIME : 11:05 AM

ORDER NO. : 442977-045

CUSTOMER NO: 7389086

CUSTOMER: Kathy L. Waterman
Adelphia Communications
Suite 800
5619 Dtc Parkway
Greenwood Villa, CO 80111

BK

FILED
04 FEB 17 PM 3:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ANNUAL REPORT FILING

NAME: ADELPHIA CABLEVISION OF WEST
PALM BEACH, LLC

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Darlene Ward - Ext. 2935

EXAMINER'S INITIALS: _____

RECEIVED
04 FEB 17 PM 12:46
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA