## . 2004 LIMITED LIABILITY COMPANY

SIGNATURE: See Exhibit A attached hereto for signature
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

	ANNUAL	REPURT					( )	
1. Entity Nam	MENT # L00000011			04 550	FILED 17 PM 3-2			
ADELYDI	A CABLEVISION OF WES	PALIVI BEACH II, LI		SECRETAD	17 PM 3: -	, 1.		
Principal Place of Business 1 NORTH MAIN STREET COUDERSPORT, PA 16915		Mailing Address 1 NORTH MAIN STREET COUDERSPORT, PA 16	915		FLORIDA			
2. Principal Place of Business 5619 DTC Parkway		3. Mailing Address Same	14					
Suite, Apt. #, etc. Suite 800		Suite, Apt. #, etc.		01222004	Chg-LLC	CR2E083 (10/03	*)	
Greenwood Village, CO		City & State		4. FEI Numbe 23-305		<u> </u>	Applied For Not Applicable	
80111	Country	Zip	Country	5. Certificate	of Status Desired	□ <b>\$5.00</b> A Fee Requi		
	6. Name and Address of Current	Registered Agent		7. Name and	Address of New R	egistered Agent		
	ORATION SYSTEM		Name			· · · · · · · · · · · · · · · · · · ·		
1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324			Street Addres	Street Address (P.O. Box Number is Not Acceptable)				
			City		- N. C. T	<b>□</b> Zip Co	ode	
	named entity submits this statement for ions of registered agent.	r the purpose of changing its	registered office or regis	stered agent, or bo	th, in the State of Flo	rida. Tam familiar wit	n, and accept	
SIGNATURE .	Signature, typed or printed name of registered agent	and title if applicable. (NOTE	: Registered Agent signature requ	ired when reinstating)		DATE	<del></del>	
Filing Fee is \$50.00 Due by May 1, 2004					e check payable to Department of Sta			
9.	MANAGING MEMBE	BS/MANAGERS	10.		ADDITIONS/	CHANGES	<del></del>	
TITLE	MEM	☐ Delete	TITLE		7.00-1101107	Change	Addition	
NAME STREET ADDRESS	ADELPHIA CABLEVISION ASSOCIATES OF RADNOR NAM 1 NORTH MAIN STREET STR		NAME STREET ADDRESS 56	EET ADDRESS 5619 DTC Parkway, Suite 800				
CITY-ST-ZIP TITLE	COUDERSPORT, PA 16915	☐ Delete	CITY-ST-ZIP Gre	enwood vi	liage, CO ot	□ Change	Addition	
NAME STREET ADDRESS CITY-ST-ZIP		LI Delete	NAME STREET ADDRESS CITY-ST-ZIP		700028	39 <b>47</b> 67	_	
TITLE NAME		☐ Delete	TITLE NAME		- 410°G- 12 .	☐ Change	Addition	
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP					
		☐ Delete				☐ Change	Addition	
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS		☐ Delete	CITY-SI-ZIP  TITLE NAME STREET ADDRESS CITY-SI-ZIP  TITLE NAME STREET ADDRESS		1000	☐ Change	····	
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME			CITY-SI-ZIP  TITLE NAME : STREET ADDRESS CITY-SI-ZIP  TITLE NAME				Addition	

February 6, 2004

(303) 268-6300

Daytime Phone #

LOOUUU 1870

Adelphia Cablevision of West Palm Beach II, LLC

By: Adelphia Cablevision Associates of Radnor, 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:

James Zerefos, Authorized Representative

ACCOUNT	NΤC
ACCOUNT	MO.

072100000032

REFERENCE

442977

7389086

COST LIMIT

ORDER DATE: February 16, 2004

ORDER TIME: 10:56 AM

ORDER NO. : 442977-025

CUSTOMER NO:

7389086

CUSTOMER: Kathy L. Waterman

Adelphia Communications

Suite 800

5619 Dtc Parkway

Greenwood Villa, CO 80111

ANNUAL REPORT FILING

NAME:

ADELPHIA CABLEVISION OF WEST

PALM BEACH II, LLC

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Darlene Ward - Ext. 2935

EXAMINER'S INITIALS: