

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT **DOCUMENT # L00000011871** ADELPHIA CABLEVISION OF WEST PALM BEACH IV, Principal Place of Business Mailing Address 1 NORTH MAIN STREET 1 NORTH MAIN STREET COUDERSPORT, PA 16915 COUDERSPORT, PA 16915 2. Principal Place of Business 5619 DTC Parkway 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01222004 Chg-LLC CR2E083 (10/03) Suite 800 City & State
Greenwood Village, CO Applied For City & State 4. FEI Number 23-3057439 Not Applicable Country SA Zip Country \$5.00 Additional 86111 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 City 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, 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 ADDITIONS/CHANGES MANAGING MEMBERS/MANAGERS 10. 9. Addition TITLE X Change TITLE SENTINEL COMMUNICATIONS OF MUNCIE INDIANA NAME NAME 5619 DTC Parkway, Suite 800 STREET ADDRESS 1 NORTH MAIN STREET STREET ADDRESS Greenwood Village, CO 80111 COUDERSPORT, PA 16915 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITI F TITLE ☐ Delete NAME NAME 600028947686 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Delete TITLE □ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST- 71P TITLE ☐ Change Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

11. I hereby certify that the information supplied with this filling 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.

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 #

LOOODII 187

Adelphia Cablevision of West Palm Beach IV, LLC By: Sentinel Communications of Muncie, Indiana, Inc., as its sole Member

: 4 Vithy A. Waterman, Assistant Secretary

M

ACCOUNT NO.

072100000032

REFERENCE

442977

7389086

AUTHORIZATION

COST LIMIT

ORDER DATE: February 16, 2004

ORDER TIME :

10:58 AM

ORDER NO. : 442977-035

CUSTOMER NO:

7389086

CUSTOMER:

Kathy L. Waterman

Adelphia Communications

Suite 800

5619 Dtc Parkway

Greenwood Villa, CO



ANNUAL REPORT FILING

NAME:

ADELPHIA CABLEVISION OF WEST

PALM BEACH IV, 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:

