2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000011872

1. Entity Name

ADELPHIA CABLEVISION OF WEST PALM BEACH V, LLC

FILED
01 OCT -2 PM 12:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
1500 MARKET STREET PHILADELPHIA PA 19102	1500 MARKET STREET PHILADELPHIA PA 19102

DO NOT WRITE IN THIS SPACE

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: US	Zip: 16915	Country: US

4. FEI Number: 23-3057438 ☐ Applied For ☐ Not Applicable

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: The Prentice Hall Corporation System, Inc. Street Address (P.O. Box Number is Not Acceptable): 1201 Hays Street, Suite 105 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 ______________________________
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $50.00
Make Check Payable to Department of State
Due By September 26, 2001

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Member Huntington CATV, Inc. 1 North Main Street Coudersport PA 16915	☐ 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	500004623615--9 -10/04/01--01059--010 *****50.00 *****50.00	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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CR2E083 (5/01)

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: SIGNATURE REQUIRED Randall D. Fisher 8/23/01 (814) 274-9830
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE | Date | Daytime Phone #