

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L03000014548

**FILED**  
**Apr 22, 2010**  
**Secretary of State**

**Entity Name:** CABLEVISION OF MARION COUNTY, LLC

**Current Principal Place of Business:**

8296 SW 103RD ST. RD.  
SUITE 3  
OCALA, FL 34481

**New Principal Place of Business:**

**Current Mailing Address:**

1010 RANCH RD. 620 SOUTH  
SUITE 201  
AUSTIN, TX 78734

**New Mailing Address:**

8296 SW 103RD ST. RD.  
SUITE 3  
OCALA, FL 34481

**FEI Number:** 42-1588737

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MOYLE, JON  
THE PERKINS HOUSE, 118 NORTH GASDEN ST.  
TALLAHASSEE, FL 32301 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: KING, JESS  
Address: 8296 SW 103RD ST RD #3  
City-St-Zip: Ocala, FL 34481

Title: MGRM  
Name: KING, SUZANNE  
Address: 8296 SW 103RD ST RD #3  
City-St-Zip: Ocala, FL 34481

I hereby certify that the information indicated on this report is true and accurate and that my electronic 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: JESS R KING

MGRM

04/22/2010

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date