

ACCOUNT NO. : 072100000032

REFERENCE: 649661 4332313

AUTHORIZATION :

COST LIMIT : \$ 130.00

ORDER DATE: April 4, 2000

ORDER TIME : 11:47 AM

ORDER NO. : 649661-005

CUSTOMER NO: 4332313

CUSTOMER: Shaun S. Fleming, Legal Asst

Buchanan Ingersoll, P.c. One Oxford Centre, 20th Flr.

301 Grant Street

Pittsburgh, PA 15219-1410

FOREIGN FILINGS

NAME: FT. MYERS CABLEVISION, LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY

PLAIN STAMPED COPY

_ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Janna Wilson

600003196886--4

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

| 1 | Ft. Myers Cablevision, LLC | |
|----|--|-------------|
| 1, | (Name of foreign limited liability company) | • |
| 2. | Delaware 3. applied for (Jurisdiction under the law of which foreign limited liability (FEI number, if applicable) | • |
| 4. | 200mpany is organized) 3/27/2000 5 | _ |
| | 3/27/2000 (Date of Organization) 5. perpetual (Duration: Year limited liability company will cease to exist or "perpetual") | 8 |
| 6. | upon qualification (Date first transacted business in Florida. (See sections 608.501, 608.502, and 817.155, F.S.) | APR. |
| 7. | One North Main Street | -5-P |
| | Coudersport, PA 16915 (Street address of principal office) | PM 12: 5 |
| 8. | If limited liability company is a manager-managed company, check here | 0 |
| 9. | The name and usual business addresses of the managing members or managers are as follows: | |
| | Ft. Myers Acquisition Limited Partnership | _ |
| | One North Main Street | - |
| | Coudersport, PA 16915 | - |
| th | Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of ree jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a anslation of the certificate under eath of the translator must be submitted.) | ecords in |
| 1 | Nature of business or purposes to be conducted or promoted in Florida: | - |
| | Cable Television Operations | _ :. |
| | Ft. Myers Cablevision, LLC BY: Ft. Myers Acquisition Limited Partnership BY: Week & Legal | |
| | Signature of a member or an authorized representative of a member. | |
| | (In accordance with section 608.408(3), F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.) | |
| | Michael J. Rigas | |
| | Typed or printed name of signee | |

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

| 1. The name of the Limited Liability Company is: | |
|--|----------------------|
| Ft. Myers Cablevision, LLC | 00 IS IS |
| 2. The name and the Florida street address of the registered agent and office are: | 00 APR -5 SIGGRETARY |
| Corporation Servce Company | PH PH EE, F |
| (Name) | 412: 5 F STAT |
| 1201 Hays Street Florida street address (P.O. Box NOT ACCEPTABLE) | SO RIDA |
| Florida sucet address (1.0. Box 1.02 Accel Fable) | |
| Tallahassee FL 32301 | _ |
| City/State/Zip | |

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S..

Tabatha Fiorelli ASST WP

| \$ 100.00 | Filing Fee for Application |
|-----------|----------------------------------|
| \$ 25.00 | Designation of Registered Agent |
| \$ 30.00 | Certified Copy (optional) |
| \$ 5.00 | Certificate of Status (optional) |

Office of the Secretary of State

I, EDWARD J. FREEL, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "FT. MYERS CABLEVISION, LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE FOURTH DAY OF APRIL, A.D. 2000.

AND I TO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE NOT BEEN ASSESSED TO DATE.





Edward J. Freel, Secretary of State

AUTHENTICATION:

0358879

DATE:

04-04-00

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