

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

04 FEB 17 AM 8:08  
FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # M00000000656

1. Entity Name  
FT. MYERS CABLEVISION, LLC



Principal Place of Business  
ONE NORTH MAIN STREET  
COUDERSPORT, PA 16915

Mailing Address  
ONE NORTH MAIN STREET  
COUDERSPORT, PA 16915

2. Principal Place of Business  
5619 DTC Parkway

3. Mailing Address  
Same

Suite, Apt. #, etc.  
Suite 800

Suite, Apt. #, etc.

City & State  
Greenwood Village, CO

City & State

Zip  
80111

Country  
USA

Zip

Country

01222004 Chg-LLC CR2E083 (10/03)

4. FEI Number  
25-1859581

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

## 6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324

*Signature*

## 7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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

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

## 9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
FT. MYERS ACQUISITION LIMITED PARTNERSHIP  
ONE NORTH MAIN STREET  
COUDERSPORT, PA 16915 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

## 10. ADDITIONS/CHANGES

Member  
Ft. Myers Acquisition Limited Partnership  
5619 DTC Parkway, Suite 800  
Greenwood Village, CO 80111 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
700028947757 ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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: See Exhibit A attached hereto for signature of Member February 10, 2004 (303) 268-6300

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

**M00000000656**  
EXHIBIT A

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TALLAHASSEE, FLORIDA

Ft. Myers Cablevision, L.L.C.

By: Ft. Myers Acquisition Limited Partnership, as its sole Member

By: Olympus Communications, L.P., as its General Partner

By: ACC Operations, Inc., as its Managing General Partner

By: Kathy L. Waterman  
Kathy L. Waterman, Assistant Secretary

*hkr*



CORPORATION SERVICE COMPANY

M00000000656 (3)

ACCOUNT NO. : 072100000032

REFERENCE : 442977 7389086

AUTHORIZATION : Patricia Pajito

COST LIMIT : \$ 50.00

FILED  
04 FEB 17 AM 8:08  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

ORDER DATE : February 16, 2004

ORDER TIME : 11:25 AM

ORDER NO. : 442977-060

CUSTOMER NO: 7389086

CUSTOMER: Kathy L. Waterman  
Adelphia Communications  
Suite 800  
5619 Dtc Parkway  
Greenwood Villa, CO 80111

ANNUAL REPORT FILING

NAME: FT. MYERS CABLEVISION, LLC

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

       CERTIFIED COPY  
XX PLAIN STAMPED COPY  
       CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Darlene Ward - Ext. 2935

EXAMINER'S INITIALS: \_\_\_\_\_

RECEIVED  
04 FEB 17 PM 12:45  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA