2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

0073470

DOCUMENT # M00000001062

1. Entity Name
ADELPHIA BUSINESS SOLUTIONS INVESTMENT, LLC

FILED
03 FEB -4 AM 9:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
1 NORTH MAIN STREET COUDERSPORT PA 16915	1 NORTH MAIN STREET COUDERSPORT PA 16915

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
712 North main St.	712 North main St.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Coudersport, PA.	City & State: Coudersport, PA.
Zip: 16915 Country: Potter	Zip: 16915 Country: Potter

4. FEI Number 25-1862408 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

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 ____________ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ADELPHIA BUSINESS SOLUTIONS OPERATIONS INC 1 NORTH MAIN STREET COUDERSPORT PA 16915 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition 600011793446 02/04/03--01094--001 **50.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E083 (10/02)

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 John B. Glicksman 1/20/03 814-260-2000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #