LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED

DOCUMENT # MOOO00002351 1. Entity Name

Charter Communications Holding Company, LLC

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SECRETARY OF STATE TALLAHASSEE.FLORIDA

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Principal Place of Business 9. Malling Address 12405 Powerscourt Drive 12405 Powerscourt Drive Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State St. Louis, MO St. Louis, MO

DO NOT WRITE IN THIS SPACE

4. FEI Number 43-1854210 Applied For Not Applicable Country USA Country \$5.00 Additional 5. Certificate of Status Desired 63131 63131 USA Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent LexisNexis Document Solutions, Inc.

O Box Number is Not Acceptable)
W. W. Kelley Rd.

Tallahassee

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.

DUE BY MAY 1 MANAGING MEMBERS/MANAGERS 9. (MGR) TITLE NAME Charter Communications, Inc. STREET ADDRESS STREET ADDRESS 12405 Powerscourt Drive CITY-ST-ZIP . Louis, MO 63131 CITY-ST-ZIP TITLE TITLE NAME NAME. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE INLE NAME NAME STREET ADDRESS STREET ADDRESS DO NOT WRITE CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE IN THIS SPACE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY, ST-ZIP TITLE NAME NAME STREET ADDRESS STREET AODRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST ZIP CITY-ST-ZIP

FEE IS \$50.00 Make Check Payable to Department of State

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.

Charter Communications, Inc. by Marcy Lifton, V.P.

GNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Manager

(314) 965-0555

Daytime Phone #

ACCOUNT FILING COVER SHEET

ACCOUNT NUMBER: FCA00000005
REFERENCE: 9602292-4
DATE: $\frac{4/26}{}$
REQUESTOR HAME: Lexis Document Services
ADDRESS: OR APR 26 M TO THE CELL THAN SPEED. TELEPHONE: () (
TELEPHONE: () () ext () ext ()
CORPORTITION HAME: Charter Communications Holding Company, LLC
DOCUHENT NUMBER: (if applicable)
AUTHORIZATION: Golfard Woodyard
CERTIFIED COPY (1-9) CERTIFICATE OF STATUS (1-9) PLAIN STAMPED COPY
) Call When Ready () Call if Problem () After 4:30) Walk In () Will Wait () Pick Up