2001 UNIFORM BUSINESS REPORT (UBR)

APPROVED AND FILED
01 AUG 23 PM 3:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M00000002385

1. Entity Name
COMCAST CABLEVISION OF WEST PALM BEACH III, LLC

Principal Place of Business
1500 MARKET STREET
PHILADELPHIA PA 19102

Mailing Address
1500 MARKET STREET
PHILADELPHIA PA 19102

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: 1 North Main Street
Suite, Apt. #, etc.:
City & State: Coudersport PA
Zip: 16915
Country: U.S.

3. Mailing Address: 1 North Main Street
Suite, Apt. #, etc.:
City & State: Coudersport PA
Zip: 16915
Country: U.S.

4. FEI Number: 23-3053528
☐ 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

7. Name and Address of New Registered Agent

Name: Corporation Service Company
Street Address (P.O. Box Number is Not Acceptable): 1201 Hays Street
City: Tallahassee FL Zip Code: 32301

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.

SIGNATURE [signature] Georgiana McGinnis, Asst. V.P. 08/22/01
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $50.00
Make Check Payable to Department of State
Due By September 26, 2001

200004560222--2
-08/28/01--01064--021
*****50.00 *****50.00

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Member Century New Mexico Cable Television Corp. 1 North Main Street Coudersport PA 16915	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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CR2E083 (5/01)

STAPLE CHECK HERE

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] Randall D. Fisher, VP 7/30/01 (814) 274-9830
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #