2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
04 JUL 13 PM 4:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M00000002385

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

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

07072004 Chg-LLC CR2E083 (10/03)

2. Principal Place of Business	3. Mailing Address
5619 DTC Parkway	5619 DTC Parkway
Suite, Apt. #, etc.: Suite 800	Suite, Apt. #, etc.: Suite 800
City & State: Greenwood Village, CO	City & State: Greenwood Village, CO
Zip: 80111 Country: USA	Zip: 80111 Country: USA

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	7. Name and Address of New Registered Agent
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525	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)

Filing Fee is $50.00
Due by September 8, 2004

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~MEM~~ MGR CENTURY NEW MEXICO CABLE TELEVISION CORP 1 NORTH MAIN STREET COUDERSPORT, PA 16915 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 5619 DTC Parkway, Suite 800 Greenwood Village, CO 80111
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 200039072662
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	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.

Century New Mexico Cable Television Corp.

SIGNATURE: By: Kathy L. Waterman July 7, 2004 (303) 268-6317
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #

Kathy L. Waterman, Assistant Secretary

CORPORATION SERVICE COMPANY

M0 000000 02385

ACCOUNT NO. : 072100000032

REFERENCE : 799776 7389086

AUTHORIZATION : Patricia Pizzuto

COST LIMIT : $ 50.00

ORDER DATE : July 12, 2004

ORDER TIME : 11:13 AM

ORDER NO. : 799776-015

CUSTOMER NO: 7389086

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

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**********FILE 3RD**********

NAME: COMCAST CABLEVISION OF WEST PALM BEACH III, LLC

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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: _____