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LIMITED LIABILITY COMPANY **UNIFORM BUSINESS REPORT (UBR)**

. FILED

DOCUMENT # M00000002521		02 APR 26 PM 3: 42			
1. Entity Name Charter Communications VII,LLC			SECRETARY OF STATE TALLAHASSEE, FLORIDA		
DO	NOT WRITE	IN THIS	SPACE		
2. Principal Place of Business 12405 Powerscourt Drive 3. Mailing Address 12405 Powerscourt Drive					
Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE			
City & State	***************************************	City & State		4. FEI Number Applied For	
St. Louis	St. Louis, MO St. Louis, MO		43-1867193	Not Applicable	
^{Zip} 63131	Country USA	63131	Country USA	5. Certificate of Status Desired	\$5.00 Additional Fee Required
			Oracio Addinasti visto della	7. Name and Address of Current Register	
DO NOT WRITE		sNexis Document Solutions, Inc.			
	IN THIS SP		31 cet / 3953	(P.O. Box Number is Not Acceptable) W. W. Kelley Rd.	
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	e de la companya de La companya de la co	建		ariassee -	L 32311
8. The above named	d entity submits this statement for	r the purpose of char	nging its registered office or register	ed agent, or both, in the State of Florida.	
SIGNATURE		·		DAT	
Signiture	e, typed or printed name of registered agent a	and title if applicable.	FEE IS \$50:00		
		* Make Ch	eck Payable to Department o	(State) 30000535	96034
9. / MCT	MANAGING MEMBE	RS/MANAGERS			
TITLE (MGF	ter Communicatio	ons. Inc.	TITLE NAME		
STREET ADDRESS 1240	STREET ADDRESS 12405 Powerscourt Drive STREET ADDRESS				
CITY-ST-ZIP St.	Louis, MO 63131		FITTLE STATE OF THE STATE OF TH		
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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. - Manager by Marcy Lifton, V.P. 4/24/2002 (314) 965-0555

Daytime Phone #

ACCOUNT FILING COVER SHEET FCA000000000 ACCOUNT NUMBER: REFERENCE: (Sub Account) DATE: Document Services Lexis REQUESTOR HAND: ADDRESS: TELEPHONE: CONTACT NAME: CORPORATION NAME: DOCUMENT NUMBER: (if applicable) CERTIFIED COPY (1-9) CERTIFICATE OF STATUS (1-9) PLAIN STAMPED COPY

) Call if Problem

) Will Halt

) After 4:00 -

) Pick Up

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