

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

04 FEB 17 AM 8:10
FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M01000000801

1. Entity Name
ADELPHIA PINELLAS COUNTY, LLC



Principal Place of Business
**ONE NORTH MAIN ST.
COUDERSPORT, PA 16915**

Mailing Address
**ONE NORTH MAIN ST.
COUDERSPORT, PA 16915**

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

3. Mailing Address
**Same
Suite, Apt. #, etc.
City & State
Country**



01222004 Chg-LLC CR2E083 (10/03)

4. FEI Number
25-1817430

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

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$50.00
Due by May 1, 2004

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR FT. MYERS CABLEVISION, LLC 1 NORTH MAIN STREET COUDERSPORT, PA 16915	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Member ACC Operations, Inc. 5619 DTC Parkway, Suite 800 Greenwood Village, CO 80111	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	300028947793	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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.

Adelphia Pinellas County, LLC, By: ACC Operations, Inc., as its sole Member

SIGNATURE: By: Kathy L. Waterman February 9, 2004 (303) 268-6300

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

M01000000801 (2)

ACCOUNT NO. : 072100000032

REFERENCE : 442977 7389086

AUTHORIZATION : *Patricia Piro*

COST LIMIT : \$ 50.00

ORDER DATE : February 16, 2004

ORDER TIME : 11:24 AM

ORDER NO. : 442977-055

CUSTOMER NO: 7389086

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

BK

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TALLAHASSEE, FLORIDA

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NAME: ADELPHIA PINELLAS COUNTY, LLC

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: _____

RECEIVED
04 FEB 17 PM 12:45
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA