

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

FILED

DOCUMENT # M99000001659
1. Entity Name CCO Purchasing, LLC

02 APR 26 PM 3:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
12405 Powerscourt Drive
Suite, Apt. #, etc.

3. Mailing Address
12405 Powerscourt Drive
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
St. Louis, MO

City & State
St. Louis, MO

4. FEI Number
43-1864759

Applied For
Not Applicable

Zip
63131

Country
USA

Zip
63131

Country
USA

5. Certificate of Status Desired ☐ \$5.00 Additional
Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name LexisNexis Document Solutions, Inc.

Street Address (P.O. Box Number is Not Acceptable)
3953 W. W. Kelley Rd.

City Tallahassee FL Zip Code 32311

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, typed or printed name of registered agent and title if applicable.

DATE _____

FEE IS \$50.00

Make Check Payable to Department of State

DUE BY MAY 1

900005358599--8

9. MANAGING MEMBERS/MANAGERS

TITLE (MGR)
NAME Charter Communications, Inc.
STREET ADDRESS 12405 Powerscourt Drive
CITY-ST-ZIP St. Louis, MO 63131

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *Marcy Lifton* Charter Communications, Inc. - Manager
by Marcy Lifton, V.P. 4/4/2002 (314) 965-0555

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083B (12/01)

ACCOUNT FILING COVER SHEET

ACCOUNT NUMBER: FCA000000005

REFERENCE:
(Sub Account)

9602292-5

DATE:

4/26

REQUESTOR NAME:

Lexis Document Services

ADDRESS:

TELEPHONE:

() () ext ()

CONTACT NAME:

CORPORATION NAME:

CCO Purchasing, LLC

DOCUMENT NUMBER:
(if applicable)

AUTHORIZATION:

Cynthia J. Woodyard
C. Woodyard

RECEIVED
02 APR 26 AM 11:47
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

☐ CERTIFIED COPY (1-9)

☒ CERTIFICATE OF STATUS (1-9)

☒ PLAIN STAMPED COPY

() Call When Ready
() Walk In
() Mail Out

() Call if Problem
() Will Wait

() After 4:30
() Pick Up