


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 29, 2005 08:00 AM
Secretary of State

DOCUMENT # P01256 1. Entity Name ATLANTIC AMERICAN CABLEVISION, INC.	
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Principal Place of Business
1500 MARKET STREET
PHILADELPHIA, PA 19102-2148 US

Mailing Address
1500 MARKET STREET
TAX DEPT.
PHILADELPHIA, PA 19102-2148 US



DO NOT WRITE IN THIS SPACE

04222005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2416527	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND RD.
PLANTATION, FL 33324

**DO NOT WRITE
IN THIS SPACE**

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 _____

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

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MCCUE, JAMES P 1500 MARKET ST PHILADELPHIA, PA 19102
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BACKSTROM, C. STEPHEN 1500 MARKET ST PHILADELPHIA, PA 191022148
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S DORDELMAN, WILLIAM E 1500 MARKET ST PHILADELPHIA, PA 191022148
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BACKSTROM, C. STEPHEN 1500 MARKET ST PHILADELPHIA, PA 191022148
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VAST TETA, ROSEMARIE S 1500 MARKET ST PHILADELPHIA, PA 19102
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ATAS CROWELL, SANDRA W 1500 MARKET ST PHILADELPHIA, PA 19102

**DO NOT WRITE
IN THIS SPACE**

12. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

C. STEPHEN BACKSTROM, VP

Date

Daytime Phone #

215-981-7555