

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 21, 2003 8:00 am**  
**Secretary of State**

04-21-2003 90353 044 \*\*\*150.00

**DOCUMENT # P01256**

1. Entity Name  
**ATLANTIC AMERICAN CABLEVISION, INC.**



Principal Place of Business  
**188 INVERNESS DR W  
ENGLEWOOD CO 80112  
US**

Mailing Address  
**P.O. BOX 5630  
TAX DEPT.  
DENVER CO 80217  
US**

2. Principal Place of Business  
**1500 MARKET ST.  
Suite, Apt. #, etc.**

3. Mailing Address  
**1500 MARKET ST.  
Suite, Apt. #, etc.**

City & State  
**PHILADELPHIA PA**

City & State  
**PHILADELPHIA PA**

4. FEI Number **59-2416527**

Applied For  
Not Applicable

Zip Country  
**19102-2148 USA**

Zip Country  
**19102-2148 USA**

5. Certificate of Status-Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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

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, 2003 Fee will be \$550.00  
Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Delete  
NAME **P/D SCHLEYER, WILLIAM T**  
STREET ADDRESS **188 INVERNESS DR W**  
CITY-ST-ZIP **ENGLEWOOD CO 80112**

TITLE ☐ Change ☒ Addition  
NAME **PRESIDENT**  
STREET ADDRESS **ABRAM E. PATLOVE**  
CITY-ST-ZIP **1500 MARKET ST.  
PHILADELPHIA PA 19102-2148**

TITLE ☒ Delete  
NAME **D HUSEBY, MICHAEL P**  
STREET ADDRESS **188 INVERNESS DR W**  
CITY-ST-ZIP **ENGLEWOOD CO 80112**

TITLE ☐ Change ☒ Addition  
NAME **VICE PRESIDENT**  
STREET ADDRESS **C. STEPHEN BACKSTROM**  
CITY-ST-ZIP **1500 MARKET ST.  
PHILADELPHIA PA 19102-2148**

TITLE ☒ Delete  
NAME **AS SHANK, JOHN L**  
STREET ADDRESS **188 INVERNESS DR W**  
CITY-ST-ZIP **ENGLEWOOD CO 80112**

TITLE ☐ Change ☒ Addition  
NAME **SECRETARY**  
STREET ADDRESS **WILLIAM E. DORDELMAN**  
CITY-ST-ZIP **1500 MARKET ST.  
PHILADELPHIA PA 19102-2148**

TITLE ☒ Delete  
NAME **SN BAILEY, RICK D**  
STREET ADDRESS **188 INVERNESS DR W**  
CITY-ST-ZIP **ENGLEWOOD CO 80112**

TITLE ☐ Change ☒ Addition  
NAME **TREASURER**  
STREET ADDRESS **C. STEPHEN BACKSTROM**  
CITY-ST-ZIP **1500 MARKET ST.  
PHILADELPHIA PA 19102-2148**

TITLE ☒ Delete  
NAME **T DWYER, EDWARD M**  
STREET ADDRESS **188 INVERNESS DR W**  
CITY-ST-ZIP **ENGLEWOOD CO 80112**

TITLE ☐ Change ☒ Addition  
NAME **DIRECTOR**  
STREET ADDRESS **ABRAM E. PATLOVE**  
CITY-ST-ZIP **1500 MARKET ST.  
PHILADELPHIA PA 19102-2148**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition  
NAME **DIRECTOR**  
STREET ADDRESS **JUDIE M. DIONGLAY**  
CITY-ST-ZIP **1500 MARKET ST.  
PHILADELPHIA PA 19102-2148**

12. 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 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 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** **SIGNATURE REQUIRED** **STEPHEN BACKSTROM**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**4/10/03 215-981-7557**

CR2E034 (10/02)