

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 01, 2000 8:00 am
Secretary of State

02-01-2000 90120 043 ***150.00

DOCUMENT # P07235

1. Entity Name

MICKELSON MEDIA, INC.

Principal Place of Business

Mailing Address

C/O CENTURY COMMUNICATIONS CORP.
 50 LOCUST AVENUE
 NEW CANAAN CT 06840

C/O CENTURY COMMUNICATIONS CORP.
 50 LOCUST AVENUE
 NEW CANAAN CT 06840-4737

2. Principal Place of Business

c/o Adelpia Communications

3. Mailing Address

c/o Adelpia Communicaitons

Suite, Apt. #, etc.

Corporation

Suite, Apt. #, etc.

Corporation

1 North Main Street

1 North Main street

City & State

Coudersport, PA

City & State

Coudersport, PA

4. FEI Number

41-0691786

Applied For

Not Applicable

Zip

16915

Country

USA

Zip

16915

Country

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

**THE PRENTICE-HALL CORPORATION SYSTEM INC.
 1201 HAYS STREET
 SUITE 105
 TALLAHASSEE FL 32301**

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**CBD
 TOW, LEONARD
 50 LOCUST AVENUE
 NEW CANAAN CT** ☒ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**DP
 John J. Rigas
 1 North Main Street
 Coudersport, PA 16915** ☒ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**VPTD
 SCHNEIDER, SCOTT
 50 LOCUST AVENUE
 NEW CANAAN CT** ☒ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**DV
 Michael J. Rigas
 1 North Main street
 Coudersport, PA 16915** ☒ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**SD
 ROSENSWEIG, DAVID Z
 11 EAST 44TH STREET
 NEW YORK, NY.** ☒ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**DVT
 Timothy J. Rigas
 1 North Main Street
 Coudersport, PA 16915** ☒ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**PD
 GALLAGHER, BERNARD
 50 LOCUST AVE.
 NEW CANAAN CT** ☒ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**DV
 James P. Rigas
 1 North Main Street
 Coudersport, PA 16915** ☒ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**CFO
 SCHNEIDER, SCOTT
 50 LOCUST AVE
 NEW CANAAN CT** ☒ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**VPAS
 Randall D. Fisher
 1 North Main street
 Coudersport, PA 16915** ☒ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☒ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Change ☐ Addition

13. 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 11 or Block 12 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE: **Randall D. Fisher, Vice President/Assistant Secretary**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/25/00

(814) 274-9830