

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P07235

1. Entity Name
MICKELSON MEDIA, INC.

FILED
Feb 05, 2001 8:00 am
Secretary of State

02-05-2001 90106 012 ***150.00

Principal Place of Business Mailing Address
C/O ADELPHIA COMMUNICATIONS CORP C/O ADELPHIA COMMUNICATIONS CORP
1 N MAIN ST 1 N MAIN ST
COUDERSPORT PA 16915 COUDERSPORT PA 16915

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number **41-0691786** Applied For
Not Applicable

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

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, 2001 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 ☐ Delete
NAME **DP**
STREET ADDRESS **RIGAS, JOHN J**
CITY-ST-ZIP **1 N MAIN ST**
COUDERSPORT PA 16915

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

TITLE ☐ Delete
NAME **DV**
STREET ADDRESS **RIGAS, MICHAEL J**
CITY-ST-ZIP **1 N MAIN ST**
COUDERSPORT PA 16915

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

TITLE ☐ Delete
NAME **DVT**
STREET ADDRESS **RIGAS, TIMOTHY J**
CITY-ST-ZIP **1 N MAIN ST**
COUDERSPORT PA 16915

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

TITLE ☐ Delete
NAME **DV**
STREET ADDRESS **RIGAS, JAMES P**
CITY-ST-ZIP **1 N MIN ST**
COUDERSPORT PA 16915

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

TITLE ☐ Delete
NAME **VPAS**
STREET ADDRESS **FISHER, RANDALL D**
CITY-ST-ZIP **1 N MAIN ST**
COUDERSPORT PA 16915

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Randall D. Fisher,
Vice President / Asst. Secy 2/1/01

Date (814) 274-9830 Daytime Phone #

CR2E034 (10/00)