

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P12099 (8)

1. Corporation Name

ADELPHIA COMMUNICATIONS CORPORATION

Principal Place of Business

FIVE WEST THIRD STREET
COUDERSPORT PA 16915

Mailing Address

FIVE WEST THIRD STREET
COUDERSPORT PA 16915



3. Date Incorporated or Qualified
11/12/1986

3a. Date of Last Report
02/15/1995

4. FEI Number

23-2417713

Applied For
Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Subc. Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature: Type or printed name of registered agent and title if applicable

(NOTE: Registered Agent Signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D	<input type="checkbox"/> DELETE
NAME	PATTERSON, PERRY	
STREET ADDRESS	E. 2ND ST.	
CITY-STATE-ZIP	COUDERSPORT PA	
TITLE	VPAS	<input type="checkbox"/> DELETE
NAME	FISHER, RANDALL	
STREET ADDRESS	5 W. 3RD ST.	
CITY-STATE-ZIP	COUDERSPORT PA	
TITLE	VTD	<input type="checkbox"/> DELETE
NAME	RIGAS, TIMOTHY J.	
STREET ADDRESS	5 WEST 3RD STREET	
CITY-STATE-ZIP	COUDERSPORT PA	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	RIGAS, MICHAEL J.	
STREET ADDRESS	5 WEST 3RD STREET	
CITY-STATE-ZIP	COUDERSPORT PA	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	RIGAS, JAMES P.	
STREET ADDRESS	5 WEST 3RD STREET	
CITY-STATE-ZIP	COUDERSPORT PA	
TITLE	D	<input type="checkbox"/> DELETE
NAME	METROS, PETE J.	
STREET ADDRESS	507 PLYMOUTH AVENUE NE	
CITY-STATE-ZIP	GRAN RAPIDS MI	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-STATE-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-STATE-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-STATE-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-STATE-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-STATE-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-STATE-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)