

# 2001 UNIFORM BUSINESS REPORT (UBR)

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

02-05-2001 90106 008 \*\*\*150.00

**DOCUMENT # P12099**

1. Entity Name  
**ADELPHIA COMMUNICATIONS CORPORATION**

Principal Place of Business

**1 NORTH MAIN STREET  
 COUDERSPORT PA 16915  
 US**

Mailing Address

**MAIN AT WATER ST  
 COUDERSPORT PA 16915  
 US**

2. Principal Place of Business

3. Mailing Address

**1 North Main Street**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **23-2417713**

Applied For

Not Applicable

Zip

Country

Zip

Country

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, 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 **D** ☒ Delete  
 NAME **PATTERSON, PERRY**  
 STREET ADDRESS **E. 2ND ST.**  
 CITY-ST-ZIP **COUDERSPORT PA**

TITLE **D** ☐ Change ☒ Addition  
 NAME **Peter Venetis**  
 STREET ADDRESS **960 6th Avenue**  
 CITY-ST-ZIP **New York NY 90001**

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

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

TITLE **VTD** ☐ Delete  
 NAME **RIGAS, TIMOTHY J.**  
 STREET ADDRESS **MAIN AT WATER ST**  
 CITY-ST-ZIP **COUDERSPORT PA 16915**

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

TITLE **VD** ☐ Delete  
 NAME **RIGAS, MICHAEL J.**  
 STREET ADDRESS **MAIN AT WATER ST**  
 CITY-ST-ZIP **COUDERSPORT PA 16915**

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

TITLE **VD** ☐ Delete  
 NAME **RIGAS, JAMES P.**  
 STREET ADDRESS **MAIN AT WATER ST**  
 CITY-ST-ZIP **COUDERSPORT PA 16915**

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

TITLE **D** ☐ Delete  
 NAME **METROS, PETE J.**  
 STREET ADDRESS **507 PLYMOUTH AVENUE NE**  
 CITY-ST-ZIP **GRAN RAPIDS MI**

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 VP/Asst. Secy. 2/1/01 (814) 274-9830**

Date

Daytime Phone #

CR2E034 (10/00)