2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED DOCUMENT #P12099 04 FEB 17 PM 12: 59 ADELPHIA COMMUNICATIONS CORPORATION SECRETARY OF STATE TALLAHASSEE, FLORIDA Principal Place of Business Mailing Address 1 NORTH MAIN STREET 1 NORTH MAIN STREET COUDERSPORT, PA 16915 COUDERSPORT, PA 16915 2. Principal Place of Business 5619 DTC Parkway 3. Mailing Address Same Suite, Apt. #, etc. Suite, Apt. #, etc. 01222004 CR2E034 (10/03) Cha-P Suite 800 City & State 4. FEI Number Applied For City & State Greenwood Village, CO 23-2417713 Not Applicable Country Zip \$8.75 Additional 5. Certificate of Status Desired П 80111 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 City 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 800028947828 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE ☐ Delete TITLE President X Change ☐ Addition COOPER, RONALD NAME NAME Ronald Cooper 5619 DTC Parkway, Suite 800 Greenwood Village, CO 80111 1 NORTH MAIN STREET STREET ADDRESS STREET ADDRESS CITY-ST-ZIF COUDERSPORT, PA 16915 CITY-ST-ZIP Exec. V.P., General Counsel, Secretar Change AVP TITLE ☐ Delete TITLE ■ Addition Brad Sonnenberg 5619 DTC Parkway, Suite 800 SONNENBERG, BRAD NAME NAME 1 NORTH MAIN STREET STREET ADDRESS STREET ADDRESS Greenwood Village, CO 80111 CITY-ST-7IP COUDERSPORT, PA 16915 CITY-ST-7IP Exec. V.P. & Chief Financial Officer Vanessa Wittman X Addition ☐ Delete TITLE Change TITLE NAME MORRIS, CHRISTINE NAME 5619 DTC Parkway, Suite 800 1 NORTH MAIN STREET STREET ADDRESS STREET ADDRESS Greenwood Village, CO 80111 COUDERSPORT, PA 16915 CITY-ST-ZIP CITY - ST - ZIP Chief Executive Officer Change TITLE Delete ☐ Addition SCHLEYER, WILLIAM William Schleyer 5619 DTC Parkway, Suite 800 NAME NAME 1 NORTH MAIN STREET STREET ADDRESS STREET ADDRESS Greenwood Village, CO 80111 CITY-ST-ZIP COUDERSPORT, PA 16915 CITY-ST-ZIP V.P. & Assistant Secretary ☐ Delete X Change ☐ Addition TITLE Maria Arias ARIAS, MARIA NAME NAME 5619 DTC Parkway, Suite 800 STREET ADDRESS 1 NORTH MAIN STREET STREET ADDRESS Greenwood Village, CO 80111 CITY-ST-ZIP COUDERSPORT, PA 16915 CITY-ST-ZIP Sr. V.P., Chief Accting.Officer, Controlle Change ☐ Delete ☐ Addition TITLE TITLE MACDONALD, SCOTT Scott Macdonald NAME NAME 5619 DTC Parkway, Suite 800 STREET ADDRESS 1 NORTH MAIN STREET STREET ADDRESS CITY-ST-ZIP COUDERSPORT, PA 16915 CITY-ST-ZIP Greenwood Village, CO 80111 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 attachinent with an address, with all other like empowered. 2-2-04 (303) 268-6300 SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone

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ACCOUNT NO. : 072100000032

REFERENCE

442977

7389086

AUTHORIZATION

COST LIMIT :

\$ 150.00

ORDER DATE: February 16, 2004

ORDER TIME: 11:23 AM

ORDER NO. : 442977-050

CUSTOMER NO: 7389086

CUSTOMER: Kathy L. Waterman

Adelphia Communications

Suite 800

5619 Dtc Parkway

Greenwood Villa, CO 80111

ANNUAL REPORT FILING

NAME:

ADELPHIA COMMUNICATIONS

CORPORATION

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY

PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Darlene Ward - Ext. 2935

EXAMINER'S INITIALS: