

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # P12099

1. Entity Name
ADELPHIA COMMUNICATIONS CORPORATION



FILED
03 SEP 10 PM 4:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
**1 NORTH MAIN STREET
COUDERSPORT PA 16915
US**

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



2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **23-2417713** Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
400023358484
09/26/03--01018--030 **\$50.00
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$550.00
After September 10, 2003 Fee will be \$750.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEOP KAILBOURNE, ERLAND 1 NORTH MAIN STREET COUDERSPORT PA 16915 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPAS FISHER, RANDALL D MAIN AT WATER ST COUDERSPORT PA 16915 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPCF DUNSTAN, CHRIS 1 NORTH MAIN STREET COUDERSPORT PA 16915 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPCA TEUSHCER, STEVE 1 NORTH MAIN STREET COUDERSPORT PA 16915 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D METROS, PETE J. 507 PLYMOUTH AVENUE NE GRAN RAPIDS MI <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Ronald Cooper North Main Street Coudersport, PA 16915 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Brad Sonnenberg North Main Street Coudersport, PA 16915 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V.P./ Treasurer Christine Morris North Main Street Coudersport, PA 16915 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C.E.O. William Schleyer North Main Street Coudersport, PA 16915 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VAS Maria Arias North Main Street Coudersport, PA 16915 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VAT Scott MacDonald North Main Street Coudersport, PA 16915 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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 attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* **9/4/03** **303-268-6455**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (4/03)

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EXHIBIT VII

NAME	OFFICE/TITLE	MAILING ADDRESS	RESIDENCE ADDRESS
Phil Lochner	Director	1 North Main Street Coudersport, PA 16915	(Not available at this time)
Bill Schleyer	CEO	1 North Main Street Coudersport, PA 16915	20 South Road Rye Beach, NH 03871
Ron Cooper	President	1 North Main Street Coudersport, PA 16915	4690 E. Perry Parkway Greenwood Village, CO 80121
Vanessa Witman	CFO	1 North Main Street Coudersport, PA 16915	6345 East Tufts Avenue Cherry Hills Village, Colorado 80111
Scott MacDonald	Assistant Treasurer	1 North Main Street Coudersport, PA 16915	878 Brixham Place Castle Rock, CO 80108
Brad Sonnenberg	Secretary	1 North Main Street Coudersport, PA 16915	3329 East Bayaud Ave. Denver, CO 80209
Maria G. Arias	Asst. Corp. Secretary	1 North Main Street Coudersport, PA 16915	15409 E. Progress Circle Centennial, CO 80015
Susan Ness	Director	1 North Main Street Coudersport, PA 16915	(Not available at this time)
Christine Morris	Treasurer	1 North Main Street Coudersport, PA 16915	(Not available at this time)