FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED
95 MAY -1 PM 3:18
TALLAHASSEE, FLORIDA

DOCUMENT # P12405

1. Corporation Name

Essex Communications Corp.

Principal Place of Business:
c/o Cablevision Systems Corporation
One Media Crossways
Woodbury, NY 11797

Mailing Address:
c/o Cablevision
One Media Crossways
Woodbury NY 11797
Att: Legal Asst

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt # etc. 22	Suite, Apt # etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

3. Date Incorporated or Qualified: 12/09/86

3a. Date of Last Report: 3/29/94

4. FEI Number: 06-1177633 ☐ 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

9. Name and Address of Current Registered Agent

The Prentice Hall Corporation Systems, Inc.
110 North Magnolia Street
Tallahassee, FL 32301

10. Name and Address of New Registered Agent

81 Name: The Prentice Hall Corporation System, Inc.
82 Street Address (P.O. Box Number is Not Acceptable): 1201 Hayes Street
83 Suite 105
84 City: Tallahassee FL 85 Zip Code: 32301

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	C/D	1.1 TITLE	☐ Change ☐ Addition
NAME	Dolan, Charles F.	1.2 NAME	
STREET ADDRESS	One Media Crossways	1.3 STREET ADDRESS	
CITY ST ZIP	Woodbury, NY	1.4 CITY ST ZIP	
TITLE	P/D	2.1 TITLE	V/C/D ☒ Change ☐ Addition
NAME	Jarvis, Byron D.	2.2 NAME	Lustgarten, Marc
STREET ADDRESS	One Media Crossways	2.3 STREET ADDRESS	One Media Crossways
CITY ST ZIP	Woodbury, NY 11797	2.4 CITY ST ZIP	Woodbury, NY 11797
TITLE	T	3.1 TITLE	☐ Change ☐ Addition
NAME	O'Leary, Barry J.	3.2 NAME	
STREET ADDRESS	One Media Crossways	3.3 STREET ADDRESS	
CITY ST ZIP	Woodbury, NY 11797	3.4 CITY ST ZIP	
TITLE	V/S	4.1 TITLE	☐ Change ☐ Addition
NAME	Shaw Jerry	4.2 NAME	100001478131
STREET ADDRESS	One Media Crossways	4.3 STREET ADDRESS	-05/08/95--01016--009
CITY ST ZIP	Woodbury, NY 11797	4.4 CITY ST ZIP	****200.00 ****200.00
TITLE	V/D	5.1 TITLE	☐ Change ☐ Addition
NAME	Bell, William J.	5.2 NAME	
STREET ADDRESS	One Media Crossways	5.3 STREET ADDRESS	
CITY ST ZIP	Woodbury, NY 11797	5.4 CITY ST ZIP	
TITLE	V/C/D	6.1 TITLE	D/V ☒ Change ☐ Addition
NAME	Randolph, Francis FJR	6.2 NAME	Lemle, Robert
STREET ADDRESS	One Media Crossways,	6.3 STREET ADDRESS	One Media Crossways
CITY ST ZIP	Woodbury, NY 11797	6.4 CITY ST ZIP	Woodbury, NY 11797

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: ______ Director 4/3/95 (516) 364-8450

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #