2002 UNIFORM BUSINESS REPORT (UBR)

May 09, 2002 8:00 am Secretary of State DOCUMENT # P17525 1. Entity Name 05-09-2002 90014 008 ***150.00 INTERMEDIA COMMUNICATIONS INC. Principal Place of Business Mailing Address 3625-QUEEN-PALM-DR: QNE-INTERMEDIA WAY ROOSTUY TAMPA FL 33619 TAMPA FL 33647 US-2. Principal Place of Business 3. Mailing Address 19th ST NW 500 CUNTON CENTER DR 1133 Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE DEPT. 8408 City & State City & State 4. FE! Number Applied For MS CLINTON WASHINGTON 59-2913586 Not Applicable 39056 Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CORPORATION SERVICE COMPANY Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET TALLAHASSEE FL 32301 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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing Tax filing requirement and elects to do so. \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE Delete TITLE PD Addition BERNARD EBBERS. NAME RUBERG, DAVID C NAME STREET ADDRESS ONE INTERMEDIA WAY STREET ADDRESS 500 Clinton Center Dr. CITY-ST-ZIP TAMPA FL 33647 CITY-ST-ZIP **Clinton, MS 39056** Delete SVPC TITLE VPGTC **Addition** ☐ Change NAME MANNING, ROBERT NAME WALTER NAGEL STREET ADDRESS ONE INTERMEDIA WAY STREET ADDRESS CITY-ST-ZIP TAMPA FL 33647 CITY_ST_7IP 1133 19TH STREET, N.W. WASH, D.C. 20036 TITLE Delete TITLE ST ☐ Change **Addition** NAME WALTERS, JEANNE M NAME SULCIVAN 500 Clinton Center Dr. SCOTT STREET ADDRESS ONE INTERMEDIA WAY STREET ADDRESS CITY-ST-716 **TAMPA FL 33619** CITY-ST-ZIP Clinton, MS 39056 TITLE Delete TITLE ☐ Change ☐ Addition NAME KURLIN, PATRICIA A STREET ADDRESS ONE INTERMEDIA WAY STREET ADDRESS CITY-ST-7IP **TAMPA FL 33619** CITY-ST-7IP TITLE Delete TITLE Change ☐ Addition NAME BUYERS, RICHARD J NAME STREET ADDRESS ONE INTERMEDIA WAY STREET ADDRESS CITY-ST-7IP **TAMPA FL 33647** CITY-ST-ZIP Delete TITLE Change ☐ Addition LAWLESS, RAY NAME NAME STREET ADDRESS ONE INTERMEDIA WAY STREET ADDRESS CITY-ST-ZIP TAMPA FL 33619 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 with an address, with all other like empowered. changed, or on an attachm

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OF

SIGNATURE:

CR2E034 (9/01)

FILED