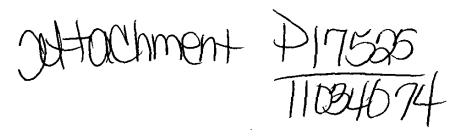
# **2003 FOR PROFIT CORPORATION**

**SIGNATURE:** 

DOCU  1. Entity Name	DO3 FOR PROFITED BY THE PROFIT	SS REPOR			FILEI May 02, 2003 Secretary of 05-02-2003 90213 026	) 8 8:00 am f State 5 ***150.00	0620693 AT
Principal Place of Business 500 CLINTON 4/3 35056 U3  2. Principal Place of Business		Mailing Address 1133 19TH ST NW DEPT 8408 WASHINGTON DC 20036 US 3. Mailing Address		OF WE	TIUUZGU		
	YUNDOUN COUNTY PKWY	Suite, Apt. #, etc.	_		CHECK HERE IF MAKING (	CHANGES	
ACity & State	$\sim 1 - 1/\Delta$	City & State		<u></u>	4. FEI Number 59-2913586	Applied For Not Applicable	-
2-0147	Country	Zip	Coun	try		8.75 Additional	
	6. Name and Address of Current	Registered Agent	J		7. Name and Address of New Registered Ag		1 *
				Name			1
CORPORATION SERVICE COMPANY 1201 HAYS STREET				Street Address (P.O. Box Number is Not Acceptable)		·	1
	SSEE FL 32301						1
IVEEVILY	OOLE 1 E 02001					· · · · · · · · · · · · · · · · · · ·	1
				City	FL	Zip Code	
	named entity submits this statement for lons of registered agent.	r the purpose of changing its	s registere	ed office or registe	red agent, or both, in the State of Florida. I am fai	miliar with, and accept	}
		•					
SIGNATURE .	Signature, typed or printed name of registered agent	and title if applicable, (NOT	TE: Registere	d Agent signature require	d when reinstating) DATE		
	ILE NOW!!! FEE IS \$150.00				9. Election Campaign Financing	\$5.00 May Be	-
	r May 1, 2003 Fee will be \$550.00 c Payable to Florida Department of	State			Trust Fund Contribution.	Added to Fees	
10.	OFFICERS AND		11.		ADDITIONS/CHANGES TO OFFICERS AND D	NIDECTODS IN 11	١.
TITLE	PD OFFICERS AND	Delete	TITLE			☐ Change ☐ Addition	∣ରୁ
NAME	EBBERS, BERNARD	Delete	NAMI	1	SŒ	Change Abandon	(10/02)
STREET ADDRESS	500 CLINTON CENTER DR.		STRE	ET ADDRESS	_	•	<b>4</b>
CITY-ST-ZIP	CLINTON MS 39056		CITY	-ST-ZIP	ATTACHETO		
TITLE	VPGT	Delete	TITLE		OFFICERS LIST	Change Addition	CR2E034
NAME	NAGEZ, WALTER		NAM		OFFICERS		
STREET ADDRESS CITY-ST-ZIP	1133 19TH STREET NW WASHINGTON DC 20036			ET ADDRESS -ST-ZIP	115T		
	ST ST		-		* <del>,*</del> *	Change Addition	{
TITLE NAME	SULLIVAN, SCOTT	Delete	TITLE		, ,	Change Addition	
STREET ADDRESS	500 CLINTON CENTER DR			ET ADDRESS			
CITY-ST-ZIP	CLINTON MS 39056		CITY	-ST-ZIP			
TITLE		☐ Delete	TITLE			Change Addition	
NAME			NAM	<u> </u>		•	
STREET ADDRESS				ET ADDRESS			
CITY-ST-ZIP			→	-ST-ZIP		<del></del> _	-
TITLE NAME		☐ Delete	TITLE	l		Change Addition	1
STREET ADDRESS			1	ET ADDRESS			
CITY-ST-ZIP				-ST-ZIP		•	1
TITLE		☐ Delete	TITLE		[	Change Addition	1
NAME			NAME	[			
STREET ADDRESS				ET ADDRESS			
CITY-ST-ZIP				ST-ZIP			]
12. I hereby of indicated of the cor.	ertify that the information supplied with on this report or supplemental report is poration or the receiver or trustee empo	this filing does not qualify for true and accurate and that in wered to execute this report	or the exer my signat as requir	nption stated in Se ure shall have the ed by Chapter 60'	ection 119.07(3)(i), Florida Statutes. I further certifi same legal effect as if made under oath; that I am 7, Florida Statutes; and that my name appears in E	y that the information an officer or director Block 10 or Block 11 if	

MICHAEL

136-6367



## **OFFICERS LIST**

## INTERMEDIA COMMUNICATIONS, INC.

President & CEO
Michael Capellas
22001 Loudoun County Pkwy.
Ashburn, VA 20147

Vice President & Treasurer Susan Mayer 22001 Loudoun County Pkwy. Ashburn, VA 20147

#### Secretary

Michael Salsbury 22001 Loudoun County Pkwy. Ashburn, VA 20147

#### **DIRECTOR**

Michael Capellas 22001 Loudoun County Pkwy. Ashburn, VA 20147