

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **P36648** (4)

1. Corporation Name

CNI, INC.



Principal Place of Business

Mailing Address

**ONE MEDIA CROSSWAY
ATTN: CORP. LEGAL ASST.
WOODBURY NY 11797
US**

**260 MADISON AVENUE
14TH FLOOR
NEW YORK NY 10016**

2. Principal Place of Business

21 **530 Fifth Ave**

Suite, Apt. #, etc.

22 **6th floor**

City & State

23 **New York, NY**

Zip

24 **10036**

Country

25 **USA**

2a. Mailing Address **c/o Cablevision**

26 **Systems Corporation**

Suite, Apt. #, etc.

27 **c/o Corp. Legal Asst.**

City & State **One Media Crossways**

28 **Woodbury, NY**

Zip

29 **11797**

Country

30 **USA**

g. Name and Address of Current Registered Agent

**THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYES STREET SUITE 105
TALLAHASSEE FL 32301**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

3. Date Incorporated or Qualified

12/12/1991

3a. Date of Last Report

05/01/1995

4. FEI Number

14-1138304

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

10. Name and Address of New Registered Agent

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 registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	FENNIMORE, ROBERT	
STREET ADDRESS	91 OVERLOOK DR.	
CITY-ST-ZIP	NEW CANAAN CT	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	SHAW, JERRY	
STREET ADDRESS	6 BOWER PLACE	
CITY-ST-ZIP	HUNTINGTON NY	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	LEMLE, ROBERT S.	
STREET ADDRESS	7 GRACE DRIVE	
CITY-ST-ZIP	OLD WESTBURY NY	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	O'LEARY, BARRY J.	
STREET ADDRESS	121 WOODSIDE DRIVE	
CITY-ST-ZIP	GREENWICH CT	
TITLE	D	<input type="checkbox"/> DELETE
NAME	DOLAN, CHARLES F.	
STREET ADDRESS	COVE NECK ROAD	
CITY-ST-ZIP	OYSTER BAY NY	
TITLE	V	<input type="checkbox"/> DELETE
NAME	RENZO, MORI	
STREET ADDRESS	420 CROSSWAYS PARK DRIVE	
CITY-ST-ZIP	WOODBURY NY	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Add on
1.2 NAME	Kathryn Sinnes	
1.3 STREET ADDRESS	530 Fifth Ave, 6th floor	
1.4 CITY-ST-ZIP	New York, NY 10036	
2.1 TITLE	VP & Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Hank J. Ratner	
2.3 STREET ADDRESS	150 Crossways Park Dr	
2.4 CITY-ST-ZIP	Woodbury, NY 11797	
3.1 TITLE	VP & Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Andrew Rosengard	
3.3 STREET ADDRESS	150 Crossways park Dr	
3.4 CITY-ST-ZIP	Woodbury, NY 11797	
4.1 TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	William J. Bell	
4.3 STREET ADDRESS	One Media Crossways	
4.4 CITY-ST-ZIP	Woodbury, NY 11797	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/18/96

516-393-1248

Date

Daytime Phone

CR2E034 (12/95)