

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Feb 17 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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  
**530 5TH AVENUE  
6TH FLOOR  
NEW YORK NY 10036  
US**

Mailing Address  
**C/O CABLEVISION SYSTEMS CORPORATION  
ONE MEDIA CROSSWAYS  
WOODBURY NY 11797-2082  
US**

3. Date Incorporated or Qualified  
**12/12/1991**

3a. Date of Last Report  
**03/22/1996**

2. Principal Place of Business 21	2a. Mailing Address 26	4. FEI Number <b>14-1138304</b>	Applied For Not Applicable
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
City & State 23	City & State 28	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
Zip 24	Country 25	7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	
		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	<b>FL</b>
85 Zip Code	

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>P</b>	1.1 TITLE	<b>President</b>
NAME	<b>FENNIMORE, ROBERT</b>	1.2 NAME	<b>Kathryn Sinnes</b>
STREET ADDRESS	<b>91 OVERLOOK DR.</b>	1.3 STREET ADDRESS	<b>530 5th Ave, 6th Fl, NY, NY 10036</b>
CITY-ST-ZIP	<b>NEW CANAAN CT</b>	1.4 CITY-ST-ZIP	
TITLE	<b>V</b>	2.1 TITLE	<b>VP &amp; Secretary</b>
NAME	<b>SHAW, JERRY</b>	2.2 NAME	<b>Hank J. Ratner</b>
STREET ADDRESS	<b>6 BOWER PLACE</b>	2.3 STREET ADDRESS	<b>150 Crossways Park W</b>
CITY-ST-ZIP	<b>HUNTINGTON NY</b>	2.4 CITY-ST-ZIP	<b>Woodbury, NY 11797</b>
TITLE	<b>S</b>	3.1 TITLE	<b>CEO</b>
NAME	<b>LEMLE, ROBERT S.</b>	3.2 NAME	<b>Joshua Sapan</b>
STREET ADDRESS	<b>7 GRACE DRIVE</b>	3.3 STREET ADDRESS	<b>150 Crossways Park W</b>
CITY-ST-ZIP	<b>OLD WESTBURY NY</b>	3.4 CITY-ST-ZIP	<b>Woodbury, NY 11797</b>
TITLE	<b>T</b>	4.1 TITLE	<b>Director</b>
NAME	<b>O'LEARY, BARRY J.</b>	4.2 NAME	<b>William Bell</b>
STREET ADDRESS	<b>121 WOODSIDE DRIVE</b>	4.3 STREET ADDRESS	<b>1 Media Crossways</b>
CITY-ST-ZIP	<b>GREENWICH CT</b>	4.4 CITY-ST-ZIP	<b>Woodbury, NY 11797</b>
TITLE	<b>D</b>	5.1 TITLE	<b>Sr. VP &amp; CIO</b>
NAME	<b>DOLAN, CHARLES F.</b>	5.2 NAME	<b>Thomas Dolan</b>
STREET ADDRESS	<b>COVE NECK ROAD</b>	5.3 STREET ADDRESS	<b>One Media Crossways</b>
CITY-ST-ZIP	<b>OYSTER BAY NY</b>	5.4 CITY-ST-ZIP	<b>Woodbury, NY 11797</b>
TITLE	<b>V</b>	6.1 TITLE	
NAME	<b>RENZO, MORI</b>	6.2 NAME	
STREET ADDRESS	<b>420 CROSSWAYS PARK DRIVE</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>WOODBURY NY</b>	6.4 CITY-ST-ZIP	

14. I do 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 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

*[Signature]*

Date **2/10/97**

Daytime Phone \_\_\_\_\_

CR2E034 (9/96)