## FILED Apr 28, 2003 8:00 am Secretary of State

2003 FOR PROFIT CORPORATION /

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DOCUMENT # P98000067899													
1. Entity Name CENTURY COMMUNICATIONS OF FLORIDA, INC.								-					
								Tanı	rovou				
Principal Plac		ş		Mailing Address				}					
3300 UNIVER		65		3300 UNIVERSITY DRIVE CORAL SPRINGS, FL 33065				•					
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2. Principal Place of Business				3. Mailing Address 3300 UNIVERSITY DR			-						
Suite, Apt. #, etc.				Suite, Apt. #, etc		= <del>= =</del> =	CHECK HERE IF MAKING CHANGES					_	
City & State				City & State	S		4. FEI Number 65-0854399 Applied F Not Applie				plied For t Applicable		
Zip		Country		33065	Çol	IJS (	A.	5. Certificate of Status	Desired	□ \$8 Fee	.75 Addi Required	itional J	1
6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent													
DIFIORE, C						Name							
3300 UNIVERSITY DRIVE CORAL SPRINGS, FL 33065					Street A	Street Address (P.O. Box Number is Not Acceptable)							
	. 1/4 - 1	٠,				City				FL	Zip Code	<del></del>	7
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. I am familiar with, and accept													7
the obligations of registered agent.													
SIGNATURE 	Signature, typec	lor primed name of 194	istered agent and	tille i applicable.	(NOTE: Registe	red Agentsignati	ne verbijen	i when reinsteling)	<u>-</u>	DATE			
FILE NOWILL FEE 19:\$150,000  After pray 17,2003 Fee will be \$550,00  9. Election Campaign Financing \$5.00 May Be													1
Arrei Make Check	Payable (	os Fee will be o Florida Dep	\$550.00 artment of	State				Contribution.			to Fees		
10.			ERS AND DI		111			ADDITIONS/CHANG	ES TO DEFICE	FRS AND DIE	RECTORS	EIN 11	4
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NAME		, ROBERT /ERSITY DRIV	_		<b>H</b>	ME							(10/
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TITLE	DVP			☐ Delet	le Tri	LE					Change	Addition	DR2E034 (10/02)
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NANE	<i>`</i>	, ARTHUR	_			IME				-	•	_	
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STREET ADDRESS					H	REET ADDRESS							
12. I hereby o	ertify that the	e information our	inlied with th	is filing does not an	B .	Y-51-2IP	ed in Se	otion 119 07/3Vi) Florida	Statutes 14	rthan caretair	hat the int	formasia-	}
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3Xi), 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 cath; 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.													
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SIGNAT	unc:_	SIGNATURE AND	TYPED OR PAIN	TED NAME OF SIGNING	OFFICER OR DIRE	CTOR		- 4 O=4	<del></del>	Carytim	Phone #		