

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Apr 23, 2001 08:00 AM**  
**Secretary of State****DOCUMENT # S80206**1. Entity Name  
KNOLOGY OF PANAMA CITY, INC.

## Principal Place of Business

13200 BACK BEACH RD.

PANAMA CITY BEACH  
32407

FL

## Mailing Address

1241 OG SKINNER DR

WEST POINT  
31833

US

GA

## 2. Principal Place of Business

## 3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

## 4. FEI Number

**59-3087861**

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

## 6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY  
1201 HAYS STREETTALLAHASSEE  
323012607

US

FL

## 7. Name and Address of New Registered Agent

Name

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

City

FL

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 \_\_\_\_\_ **04/23/2001**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☒**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**Make Check Payable to Department of State**10. Election Campaign Financing  
Trust Fund Contribution. ☐**\$5.00** May Be  
Added to Fees

## 11. OFFICERS AND DIRECTORS

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE VPS ☐ Delete  
NAME CHAO WHACTER S  
STREET ADDRESS 1241 OG SKINNER DRIVE  
CITY-ST-ZIP WEST POINT GA 31833TITLE VPS ☒ Change ☐ Addition  
NAME CHAD WACHTER S  
STREET ADDRESS 1241 OG SKINNER DRIVE  
CITY-ST-ZIP WEST POINT GA 31833TITLE D ☐ Delete  
NAME CAMPBELLS LANIER III  
STREET ADDRESS 312 WEST 8TH ST  
CITY-ST-ZIP WEST POINT GA 31833TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE D ☐ Delete  
NAME SCOTT WILLIAM H.  
STREET ADDRESS 312 WEST 8TH ST  
CITY-ST-ZIP WEST POINT GA 31833TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE VP ☐ Delete  
NAME BOCCUCCI FELIX LJR  
STREET ADDRESS 1241 O.G. SKINNER DRIVE  
CITY-ST-ZIP WEST POINT GA 31833TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE VPCT ☐ Delete  
NAME MILLS ROBERT K  
STREET ADDRESS 1241 OG SKINNER DR  
CITY-ST-ZIP WEST POINT GA 31833TITLE VCFO ☒ Change ☐ Addition  
NAME MILLS ROBERT K  
STREET ADDRESS 1241 OG SKINNER DR  
CITY-ST-ZIP WEST POINT GA 31833TITLE PCEO ☐ Delete  
NAME JOHNSON RODGER L  
STREET ADDRESS 1241 OG SKINNER DR  
CITY-ST-ZIP WEST POINT GA 31833TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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 changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE: ROBERT K MILLS**

VCFO 04/23/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)