


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 12, 2004 8:00 am
Secretary of State

02-12-2004 90012 022 ***158.75

DOCUMENT # V04047					
1. Entity Name ADELPHIA BUSINESS SOLUTIONS OF FLORIDA, INC.					
Principal Place of Business 712 NORTH MAIN ST COUDERSPORT, PA 16915			Mailing Address 712 NORTH MAIN ST COUDERSPORT, PA 16915 US		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
THE PRENTICE-HALL CORPORATION SYSTEM INC. 1201 HAYS STREET SUITE 105 TALLAHASSEE, FL 32301				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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GUTH, ROBERT		NAME		
STREET ADDRESS	121 CHAMPION WAY		STREET ADDRESS		
CITY-ST-ZIP	CANONSBURG, PA 15317		CITY-ST-ZIP		
TITLE	VAS	<input type="checkbox"/> Delete	TITLE	VSD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GLICKSMAN, JOHN B		NAME	John Glicksman	
STREET ADDRESS	MAIN AT WATER STREET		STREET ADDRESS	121 Champion Way	
CITY-ST-ZIP	COUDERSPORT, PA 16915		CITY-ST-ZIP	Canonsburg, PA 15317	
TITLE	VAS	<input type="checkbox"/> Delete	TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BABCOCK, EDWARD E		NAME	Edward Babcock	
STREET ADDRESS	MAIN AT WATER STREET		STREET ADDRESS	712 North Main Street	
CITY-ST-ZIP	COUDERSPORT, PA 16915		CITY-ST-ZIP	Coudersport, PA 16915	
TITLE	VDT	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RIGAS, TIMOTHY		NAME		
STREET ADDRESS	MAIN AT WATER STREET		STREET ADDRESS		
CITY-ST-ZIP	COUDERSPORT, PA 16915		CITY-ST-ZIP		
TITLE	PDS	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MILLIARD, DANIEL		NAME		
STREET ADDRESS	MAIN AT WATER STREET		STREET ADDRESS		
CITY-ST-ZIP	COUDERSPORT, PA 16915		CITY-ST-ZIP		
TITLE	VD	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FAJERSKI, PAUL		NAME		
STREET ADDRESS	2570 BOYCE PLAZA ROAD		STREET ADDRESS		
CITY-ST-ZIP	PITTSBURGH, PA		CITY-ST-ZIP		
12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: _____		SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date: 1/14/04	