

2004 FOR PROFIT CORPORATION ANNUAL REPORT

183
FILED

04 JUL 13 PM 2:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F29733

1. Entity Name
CABLE SENTRY CORPORATION



Principal Place of Business

2500 N TAMiami TRAIL
#212
NAPLES, FL 34103 US

Mailing Address

2500 N TAMiami TRAIL
#212
NAPLES, FL 34103 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

07062004

Chg-P

CR2E034 (10/03)

MRS

4. FEI Number

59-2114470

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
Due by September 8, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete
NAME **COOPER, RONALD**
STREET ADDRESS **1 NORTH MAIN STREET**
CITY-ST-ZIP **COUDERSPORT, PA 16915**

TITLE **AVP** ☐ Delete
NAME **SONNENBERG, BRAD**
STREET ADDRESS **1 NORTH MAIN STREET**
CITY-ST-ZIP **COUDERSPORT, PA 16915**

TITLE **CEO** ☐ Delete
NAME **SCHLEYER, WILLIAM J**
STREET ADDRESS **1 NORTH MAIN STREET**
CITY-ST-ZIP **COUDERSPORT, PA 16915**

TITLE **VAS** ☒ Delete
NAME **ARIAS, MARIA**
STREET ADDRESS **1 NORTH MAIN STREET**
CITY-ST-ZIP **COUDERSPORT, PA 16915**

TITLE **VAT** ☒ Delete
NAME **MACDONALD, SCOTT**
STREET ADDRESS **1 NORTH MAIN STREET**
CITY-ST-ZIP **COUDERSPORT, PA 16915**

TITLE **VPT** ☒ Delete
NAME **RIGAS, TIMOTHY J**
STREET ADDRESS **1 NORTH MAIN STREET**
CITY-ST-ZIP **COUDERSPORT, PA 16915**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME **See Exhibit A attached hereto for list**
STREET ADDRESS **of Officers and Directors**
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME **900039072449**
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME
STREET ADDRESS
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: *Kathy L. Waterman*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

July 6, 2004

(303) 268-6317

Date

Daytime Phone #

Kathy L. Waterman, Assistant Secretary

393



CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 799869 7389086

AUTHORIZATION *Patricia Pizito*

COST LIMIT : \$ 150.00

ORDER DATE : July 12, 2004

ORDER TIME : 10:38 AM

ORDER NO. : 799869-020

CUSTOMER NO: 7389086

CUSTOMER: Kathy L. Waterman
Adelphia Communications
Suite 800
5619 Dtc Parkway
Greenwood Villa, CO 80111

ANNUAL REPORT FILING

NAME: CABLE SENTRY CORPORATION

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

- CERTIFIED COPY
- XX PLAIN STAMPED COPY
- CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Darlene Ward - Ext. 2935

EXAMINER'S INITIALS: _____

RECEIVED
04 JUL 13 PM 12:41
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

293

EXHIBIT A
OFFICERS AND DIRECTORS

<u>Name</u>	<u>Title</u>	<u>Address</u>
William T. Schleyer	Chief Executive Officer and Director	5619 DTC Parkway, Suite 800 Greenwood Village, CO 80111
Ron Cooper	President and Director	5619 DTC Parkway, Suite 800 Greenwood Village, CO 80111
Brad Sonnenberg	Executive Vice President, General Counsel and Secretary	5619 DTC Parkway, Suite 800 Greenwood Village, CO 80111
Vanessa Wittman	Executive Vice President, Chief Financial Officer, Treasurer and Director	5619 DTC Parkway, Suite 800 Greenwood Village, CO 80111
James Zerefos	Vice President and Assistant Secretary	5619 DTC Parkway, Suite 800 Greenwood Village, CO 80111
Patty Conroy	Assistant Secretary	5619 DTC Parkway, Suite 800 Greenwood Village, CO 80111
Kathy L. Waterman	Assistant Secretary	5619 DTC Parkway, Suite 800 Greenwood Village, CO 80111