

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR 14 PM 3: 33

DOCUMENT # G90839 (3)

1. Corporation Name
CABLEVISION INDUSTRIES OF CENTRAL FLORIDA, INC.

Principal Place of Business ONE CABLEVISION CENTER PO BOX 311 LIBERTY NY 12754	Mailing Address ONE CABLEVISION CENTER PO BOX 311 LIBERTY NY 12754
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DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 02/10/1984	3a. Date of Last Report 07/10/1994
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2. Principal Place of Business	2a. Mailing Address	4. FEI Number 14-1656308	Applied For Not Applicable
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
22. City & State	27. City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
23. Zip	28. Zip	8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
24. Country	29. Country		

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324**

81. Name	
82. Street Address (P.O. Box Number is Not Acceptable)	
83.	
84. City	FL
	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

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

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GERRY, ALAN	1.2 NAME	
STREET ADDRESS	LOOMS ROAD	1.3 STREET ADDRESS	
CITY - ST - ZIP	LIBERTY NY	1.4 CITY - ST - ZIP	
TITLE	TD	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COMMISSO, ROCCO B.	2.2 NAME	
STREET ADDRESS	RD 1, BOX 212	2.3 STREET ADDRESS	DELETE
CITY - ST - ZIP	OTISVILLE, NY.	2.4 CITY - ST - ZIP	
TITLE	EVD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CORNELIUS, RODNEY	3.2 NAME	
STREET ADDRESS	SOUTH STREET	3.3 STREET ADDRESS	
CITY - ST - ZIP	SOUTH, BETHLEHEM, NY	3.4 CITY - ST - ZIP	
TITLE	AS	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SUEHNHOLZ, KEITH	4.2 NAME	
STREET ADDRESS	3 WOODLAWN AVE	4.3 STREET ADDRESS	
CITY - ST - ZIP	LIBERTY NY	4.4 CITY - ST - ZIP	
TITLE	S	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DROPKIN, PHILIP	5.2 NAME	
STREET ADDRESS	36 GREGORY DR	5.3 STREET ADDRESS	
CITY - ST - ZIP	GOSHEN NY	5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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: KEITH SUEHNHOLZ

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/4/95 (910) 292-7550