


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 04, 2006 8:00 am**  
**Secretary of State**

05-04-2006 90252 023 \*\*\*158.75

**DOCUMENT # G90839**  
 1. Entity Name  
**CABLEVISION INDUSTRIES OF CENTRAL FLORIDA, INC.**



Principal Place of Business  
 290 HARBOR DR  
 STAMFORD, CT 06902 US

Mailing Address  
 %JANICE CANNON-ONE TIME WARNER CENTER  
 14TH FL, LEGAL DEPT  
 NEW YORK, NY 10019 US

50018775



2. Principal Place of Business  
**ONE TIME WARNER CENTER**

3. Mailing Address  
 Suite, Apt. #, etc.  
**C/O J. CANNON LEGAL DEPT 14TH FL**

04192006 Chg-P CR2E034 (11/05)

Suite, Apt. #, etc.  
**C/O J. CANNON LEGAL DEPT 14TH FL**

Suite, Apt. #, etc.

City & State  
**NEW YORK, NEW YORK**

City & State

4. FEI Number  
**14-1656308**

Applied For  
 Not Applicable

Zip  
**10019**

Country  
**USA**

Zip

Country

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

**6. Name and Address of Current Registered Agent**  
**CT CORPORATION SYSTEM**  
**1200 S. PINE ISLAND ROAD**  
**PLANTATION, FL 33324**

**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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE D	<input type="checkbox"/> Delete
NAME CAPPUCCIO, PAUL T	
STREET ADDRESS ONE TIME WARNER CENTER	
CITY-ST-ZIP NEW YORK, NY 10019	
TITLE AS	<input type="checkbox"/> Delete
NAME CANNON, JANICE	
STREET ADDRESS ONE TIME WARNER CENTER	
CITY-ST-ZIP NEW YORK, NY 10019	
TITLE DVS	<input checked="" type="checkbox"/> Delete
NAME HAYS, SPENCER B.	
STREET ADDRESS ONE TIME WARNER CENTER	
CITY-ST-ZIP NEW YORK, NY 10019	
TITLE D	<input type="checkbox"/> Delete
NAME BARGE, JAMES W	
STREET ADDRESS ONE TIME WARNER CENTER	
CITY-ST-ZIP NEW YORK, NY 10019	
TITLE V	<input type="checkbox"/> Delete
NAME SOLOMON, JAMES M	
STREET ADDRESS ONE TIME WARNER CENTER	
CITY-ST-ZIP NEW YORK, NY 10019	
TITLE P	<input checked="" type="checkbox"/> Delete
NAME MARCUS, ROBERT D	
STREET ADDRESS ONE TIME WARNER CENTER	
CITY-ST-ZIP NEW YORK, NY 10019	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SVP
STREET ADDRESS	KAMBOUR, ANNALIESE S.
CITY-ST-ZIP	ONE TIME WARNER CENTER NEW YORK, NY 10019
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LOGAN, DON
STREET ADDRESS	ONE TIME WARNER CENTER
CITY-ST-ZIP	NEW YORK, NY 10019

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:** *Janice Cannon* JANICE CANNON 4/25/2006 212-484-6503  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #