

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

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PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # G90839  
1. Corporation Name

CABLEVISION INDUSTRIES OF CENTRAL FLORIDA, INC.

200001840512  
-05/28/96--01027--036  
\*\*\*200.00

Principal Place of Business: 300 FIRST STAMFORD PLACE, STAMFORD, CT 06902  
Mailing Address: c/o TWC TAX DEPT., P.O. BOX 6700, ENGLEWOOD, CO 80155-6700

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	3a. Date of Last Report
21	26	2/10/84	5/1/95
22. Suite, Apt. #, etc.	27. Suite, Apt. #, etc.	4. FEI Number	Applied For
23. City & State	28. City & State	14-1656308	Not Applicable
24. Zip	29. Zip	5. Certificate of Status Desired	\$8.75 Additional Fee Required
25. Country	30. Country	<input type="checkbox"/>	\$5.00 May Be Added to Fees
		6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>
		7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

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
	85. Zip Code
	FL

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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		1.2 NAME	PETER HAJE
STREET ADDRESS		1.3 STREET ADDRESS	75 ROCKEFELLER PLAZA
CITY-ST-ZIP		1.4 CITY-ST-ZIP	NEW YORK, NY 10019
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	RICHARD J. BRESSLER
STREET ADDRESS		2.3 STREET ADDRESS	75 ROCKEFELLER PLAZA
CITY-ST-ZIP		2.4 CITY-ST-ZIP	NEW YORK, NY 10019
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	SPENCER B. HAYS
STREET ADDRESS		3.3 STREET ADDRESS	75 ROCKEFELLER PLAZA
CITY-ST-ZIP		3.4 CITY-ST-ZIP	NEW YORK, NY 10019
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	GAIL L. ALLAMAN
STREET ADDRESS		4.3 STREET ADDRESS	5680 GREENWOOD PLAZA BLVD.
CITY-ST-ZIP		4.4 CITY-ST-ZIP	ENGLEWOOD, CO 80111
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	A/T LAURIE J. HEFTY
STREET ADDRESS		5.3 STREET ADDRESS	5680 GREENWOOD PLAZA BLVD.
CITY-ST-ZIP		5.4 CITY-ST-ZIP	ENGLEWOOD, CO 80111
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	WARREN A. CHRISTIE
STREET ADDRESS		6.3 STREET ADDRESS	1271 AVENUE OF THE AMERICAS
CITY-ST-ZIP		6.4 CITY-ST-ZIP	NEW YORK, NY 10020

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 119.07(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: Laurie J. Hefty Asst. Treasurer Date: 4/30/96 (303) 705-4401  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)

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**CABLEVISION INDUSTRIES CORPORATION & SUBSIDIARIES  
OFFICERS AND DIRECTORS**

Peter Haje President/Director	75 Rockefeller Plaza New York, NY 10019
Richard J. Bressler Sr. Vice President/CFO/Director	75 Rockefeller Plaza New York, NY 10019
Spencer B. Hays Vice President/Director	75 Rockefeller Plaza New York, NY 10019
Gail L. Allaman Vice President	5680 Greenwood Plaza Blvd. Englewood, CO 80111
Marc J. Apfelbaum Vice President / Asst. Secretary	300 First Stamford Place Stamford, CT 06902
Warren A. Christie Vice President - Taxes	1271 Avenue of the Americas New York, NY 10020
Thomas W. McEnerney Vice President	75 Rockefeller Plaza New York, NY 0020
David E. O'Hayre Vice President	300 First Stamford Place Stamford, CT 06902
Richard M. Petty Vice President	300 First Stamford Place Stamford, CT 06902
R. Mackereth Ruckman Vice President & Treasurer	75 Rockefeller Plaza New York, NY 10019
Joan T. Pincus Assistant Vice President & Secretary	75 Rockefeller Plaza New York, NY 10019
Diane L. Moss Assistant Secretary	75 Rockefeller Plaza New York, NY 10019
Marie N. White Assistant Secretary	75 Rockefeller Plaza New York, NY 10019
Donald B. Armour Treasurer	300 First Stamford Place Stamford, CT 06902
Laurie J. Hefty Assistant Treasurer	5680 Greenwood Plaza Blvd. Englewood, CO 80111
James Solomon Assistant Treasurer	1271 Avenue of the Americas New York, NY 10020