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**Feb 17 1997 8:00am
Secretary of State**

PROFIT CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # G90839 (3)
1. Corporation Name
CABLEVISION INDUSTRIES OF CENTRAL FLORIDA, INC.



Principal Place of Business Mailing Address
300 FIRST STAMFORD PLACE STAMFORD CT 06902
C/O TWC TAX DEPT. PO BOX 6700 ENGLEWOOD CO 80155-6700

3. Date Incorporated or Qualified **02/10/1984** 3a. Date of Last Report **05/01/1996**

21	2. Principal Place of Business	26	2a. Mailing Address	4.	FEI Number 14-1656308	Applied For	
	Suite, Apt #, etc		Suite, Apt #, etc.			Not Applicable	
22	22	27	27	5.	Certificate of Status Desired <input type="checkbox"/>	\$8.75	Additional Fee Required
	City & State		City & State				
23	23	28	28	6.	Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00	May Be Added to Fees
	Zip		Zip				
24	24	29	29	8.	This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No		
	Country		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				B1	Name		
				B2	Street Address (P.O. Box Number is Not Acceptable)		
				B3			
				B4	City	FL	B5

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 type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	P/D HAJE, PETER	1.2 NAME	
STREET ADDRESS	75 ROCKEFELLER PLAZA	1.3 STREET ADDRESS	
CITY - ST - ZIP	NEW YORK NY 10019	1.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	V/D BRESSLER, RICHARD J.	2.2 NAME	
STREET ADDRESS	75 ROCKEFELLER PLAZA	2.3 STREET ADDRESS	
CITY - ST - ZIP	NEW YORK NY 10019	2.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	V/D HAYS, SPENCER B.	3.2 NAME	
STREET ADDRESS	75 ROCKEFELLER PLAZA	3.3 STREET ADDRESS	
CITY - ST - ZIP	NEW YORK NY 10019	3.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	V ALLAMAN, GAIL L.	4.2 NAME	Allaman, Gail L.
STREET ADDRESS	75 ROCKEFELLER PLAZA	4.3 STREET ADDRESS	5680 Greenwood Plaza Blvd.
CITY - ST - ZIP	NEW YORK NY 10019	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	A/T HEFTY, LAURIE J.	5.2 NAME	Laurie J. Hefty
STREET ADDRESS	75 ROCKEFELLER PLAZA	5.3 STREET ADDRESS	5680 Greenwood Plaza Blvd.
CITY - ST - ZIP	NEW YORK NY 10019	5.4 CITY - ST - ZIP	Englewood, CO 80111
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	V CHRISTIE, WARREN A.	6.2 NAME	
STREET ADDRESS	75 ROCKEFELLER PLAZA	6.3 STREET ADDRESS	
CITY - ST - ZIP	NEW YORK NY 10019	6.4 CITY - ST - ZIP	

14. I do 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 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 Hefty Asst Treasurer (303) 799-1200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)