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Apr 26, 1999 8:00 am
Secretary of State

04-26-1999 90093 036 ***150.00

PROFIT CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # G90839

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



DO NOT WRITE IN THIS SPACE

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

Mailing Address
**C/O TWC TAX DEPT.
 P. O. BOX 6659
 ENGLEWOOD CO 80155-6659
 US**

3. Date Incorporated or Qualified
02/10/1984

4. FEI Number
14-1656308

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

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

8. This corporation owes the current year Intangible Personal Property Tax. Yes No

2. Principal Place of Business
 21 Suite, Apt. #, etc.
 22 City & State
 23 Zip
 24 Country

2a. Mailing Address
 26 Suite, Apt. #, etc.
 27 City & State
 28 Zip
 29 Country

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

10. Name and Address of New Registered Agent
 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	P/D	<input type="checkbox"/> DELETE
NAME	HAJE, PETER	
STREET ADDRESS	75 ROCKEFELLER PLAZA	
CITY-ST-ZIP	NEW YORK NY 10019	
TITLE	V/D	<input type="checkbox"/> DELETE
NAME	BRESSLER, RICHARD J.	
STREET ADDRESS	75 ROCKEFELLER PLAZA	
CITY-ST-ZIP	NEW YORK NY 10019	
TITLE	V/D	<input type="checkbox"/> DELETE
NAME	HAYS, SPENCER B.	
STREET ADDRESS	75 ROCKEFELLER PLAZA	
CITY-ST-ZIP	NEW YORK NY 10019	
TITLE	V	<input type="checkbox"/> DELETE
NAME	ALLAMAN, GAIL L	
STREET ADDRESS	160 INVERNESS DR W	
CITY-ST-ZIP	ENGLEWOOD CO 80112	
TITLE	AT	<input type="checkbox"/> DELETE
NAME	KARAS, MARK L.	
STREET ADDRESS	160 INVERNESS DR W	
CITY-ST-ZIP	ENGLEWOOD CO 80112	
TITLE	V	<input type="checkbox"/> DELETE
NAME	CHRISTIE, WARREN A.	
STREET ADDRESS	1271 AVE OF THE AMERICAS	
CITY-ST-ZIP	NEW YORK NY 10020	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	<i>Christie, Warren A</i>
6.3 STREET ADDRESS	<i>75 Rockefeller Plaza</i>
6.4 CITY-ST-ZIP	<i>New York, NY 10019</i>

14. 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 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, with all other like empowered.

SIGNATURE: _____ **SIGNATURE REQUIRED ASST. TREASURER** *4/19/99* (302) 799-1200
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (1/198)