

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 02, 2003 8:00 am**  
**Secretary of State**

05-02-2003 90231 031 \*\*\*150.00

**DOCUMENT # G90839**

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



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
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**11034968**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business Suite, Apt. #, etc. City & State Zip		3. Mailing Address % JANICE CANNON Suite, Apt. #, etc. 75 ROCKEFELLER PLAZA City & State NEW YORK, NY Zip 10019 Country USA	
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4. FEI Number <b>14-1656308</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> 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
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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, 2003 Fee will be \$650.00**  
**Make Check Payable to Florida Department of State**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D BOGART, CHRISTOPHER 75 ROCKEFELLER PLAZA NEW YORK, NY 10019 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/D RIPP, JOSEPH A 75 ROCKEFELLER PLAZA NEW YORK, NY 10019 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/D HAYS, SPENCER B. 75 ROCKEFELLER PLAZA NEW YORK, NY 10019 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V ALLAMAN, GAIL L 160 INVERNESS DR W ENGLEWOOD, CO 80112 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AT KARAS, MARK L. 160 INVERNESS DR W ENGLEWOOD, CO 80112 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V RIGSBY, JOHN 75 ROCKEFELLER PLAZA NEW YORK, NY 10019 <input checked="" type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP CAPPUCCIO, PAUL T. 75 ROCKEFELLER PLAZA NEW YORK, NY 10019 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CANNON, JANICE 75 ROCKEFELLER PLAZA NEW YORK, NY 10019 <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DSVP HAYS, SPENCER B. 75 ROCKEFELLER PLAZA NEW YORK, NY 10019 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AT SOLOMON, JAMES M. 75 ROCKEFELLER PLAZA NEW YORK, NY 10019 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVP RIGSBY, JOHN %5TIME WARNER CABLE, 2251 LUCIEN WAY, STE 320 MAITLAND, FL 32751 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 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*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JANICE CANNON 4/30/03 212-484-6503  
Date Daytime Phone #

CR2E034 (10/02)