

UNOFFICIAL COPY

108-94-Expense

Form LP 202
Rev. Jan. 1991

GEORGE H. RYAN
SECRETARY OF STATE
STATE OF ILLINOIS

94817484

OFFICE USE ONLY

STATE OF ILLINOIS
DEPARTMENT OF REVENUE
SALES TAX DIVISION
CHICAGO, ILLINOIS 60601

Filing Fee \$25

REMIT IN DUPLICATE!

CERTIFICATE OF AMENDMENT
TO THE
CERTIFICATE OF LIMITED PARTNERSHIP
(Illinois limited partnership)

Correspondence regarding this filing will
be sent to the registered agent of the limited
partnership unless a self-addressed envelope
is enclosed

Limited partnership's name: CABLEVISION OF CHICAGO

File Number assigned by the Secretary of State: S001476

Federal Employer Identification Number (F.E.I.N.): 36-3023158

The certificate of limited partnership is amended as follows:
(Check all applicable changes)
(Address changes P.O. Box alone and c/o are unacceptable)

- a) Admission of a new general partner (give name and business address below).
- b) Withdrawal of a general partner (give name below).
- c) Change of registered agent and/or registered agents office (give new name and address, including county below).
- d) Change in the address of the office at which the records required by Section 201 of the Act are kept (give new address, including county below).
- e) Change in the general partners name and/or business address (give name and new address below).
- f) Change in the partners' total aggregate contribution amount (give new dollar amount below).
- g) Change in limited partnership's name (give new name below).
- h) Change in date of dissolution (give new date below).
- i) Other (give information below).

94817484

c) The Prentice-Hall Corporation System, Inc.
33 North LaSalle Street
Chicago, IL 60602 Cook County

DEPT-01 RECORDING \$23.00

78555 TRAN 5348 09/19/94 16109100

48063 1 JJ *-94-817484

COOK COUNTY RECORDER

Box 314

23-114

UNOFFICIAL COPY
 NAMES(S) & BUSINESS ADDRESS(ES) OF GENERAL PARTNER(S)

undersigned affirms, under penalties of perjury, that the facts stated herein are true.

original certificate of amendment must be signed by a general partner, all new general partners and at least one withdrawing general partner.

SIGNATURE AND NAME

BUSINESS ADDRESS



 (Signature)

1. _____
 c/o Cablevision
 One Media Crossways

 Number Street

Charles J. DeLo, Managing C.P.

 (Type or print Name and Title)

Woodbury

 City/Town

 (Name of General Partner if a corporation or other entity)

New York 11797

 State Zip Code

_____ (Signature)

2. _____
 Number Street

_____ (Type or print Name and Title)

_____ City/Town

_____ (Name of General Partner if a corporation or other entity)

_____ State Zip Code

_____ (Signature)

3. _____
 Number Street

_____ (Type or print Name and Title)

_____ City/Town

_____ (Name of General Partner if a corporation or other entity)

_____ State Zip Code

_____ (Signature)

4. _____
 Number Street

_____ (Type or print Name and Title)

_____ City/Town

_____ (Name of General Partner if a corporation or other entity)

_____ State Zip Code

_____ (Signature)

5. _____
 Number Street

_____ (Type or print Name and Title)

_____ City/Town

_____ (Name of General Partner if a corporation or other entity)

_____ State Zip Code

Signatures must be in ink on an original document. (Carbon copy, photo copy or rubber stamp signatures may only be used on conformed copies).

If additional space is needed, it must be continued in the same format on a plain white 8 1/2" X 11" sheet, which must be stapled to this form.

METHODS OF PAYMENT:

- a. Payment must be made by Certified Check, Treasurer's Check, Illinois Attorney's Check, Illinois C.P.A.'s Check or Money Order.
- b. Payable to "Secretary of State".

Secretary of State
 Department of Business Services
 Limited Partnership Division

DO NOT SEND CASH!