

Filing Fee \$25

98837062

SUBMIT IN DUPLICATE!

1017/0103 27 001 Page 1 of 2
1998-09-18 14:06:18
Cook County Recorder 23.00

5001476 50511 09/15/98
25.00 FF 0000126707 FILED

All correspondence regarding this filing will be sent to the registered agent of the limited partnership unless a self-addressed envelope with pre-paid postage is included.

GEORGE H. RYAN
SECRETARY OF STATE
STATE OF ILLINOIS

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

1. Limited partnership's name: Cablevision of Chicago
2. File number assigned by the Secretary of State: 5001476
3. Federal Employer Identification Number (F.E.I.N.): 83-3023158
4. 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 agent's 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).

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

BOX
314

299

Cablevision Systems Services Cororation - withdrawing
CSSC, L.L.C.
One Media Crossways
Woodbury NY 11797

5. NAME(S) & BUSINESS ADDRESS(ES) OF GENERAL PARTNER(S)

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

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

Signature [Signature]
Type or print name and title Charles F. Dolan, GP

BUSINESS ADDRESS
Number/Street One Media Crossways

Name of General Partner if a corporation or other entity CSSC, L.L.C.

City/Town Woodbury, NY 11797

Signature [Signature]

State NY Zip Code 11797

Type or print name and title Charles F. Dolan
Managing Member

Number/Street One Media Crossways

Name of General Partner if a corporation or other entity Cablevision Systems Services Corporation

City/Town Woodbury NY 11797

Signature [Signature]

Number/Street One Media Crossways

Type or print name and title Charles F. Dolan
Chairman

City/Town Woodbury, NY 11797

Name of General Partner if a corporation or other entity _____

State _____ Zip Code _____

(Signatures must be in **BLACK INK** on an original document. Carbon copy, photocopy or rubber stamp signatures may only be used on conformed copies.)

FORMS OF PAYMENT:
Payment must be made by certified check, cashier's check, Illinois attorney's check, Illinois C.P.A.'s check or money order, payable to "Secretary of State"

6907886

DO NOT SEND CASH!