



March 21, 2014

Ms. Jaclyn A. Brillig
Secretary of the Commission
State of New York Department of Public Service
Three Empire State Plaza
Albany, NY 12223-1350

Dear Ms. Brillig:

Enclosed please find the 2013 AFR-1 for the following companies:

Cablevision Systems Long Island Corporation
Cablevision Systems Suffolk Corporation
Cablevision Systems Huntington Corporation
Cablevision Systems Great Neck Corporation
Cablevision Systems Islip Corporation
Cablevision Systems East Hampton Corporation
Cablevision Systems Westchester Corporation
Cablevision Systems Dutchess Corporation
CSC Acquisition – NY, Inc.
CSC Acquisition – MA, Inc.
Suffolk Cable Corporation

Cablevision Systems New York City Corporation
Cablevision of Warwick, LLC
Cablevision of Rockland/Ramapo, LLC
Cablevision of Brookhaven, Inc.
Cablevision of Southern Westchester, Inc.
Cablevision of Wappingers Falls, Inc.
Cablevision of Ossining, L.P.
Suffolk Cable of Smithtown, Inc.
Samson Cablevision Corp.
Suffolk Cable of Shelter Island, Inc.

Please note, per your request, the 2013 AFR-1 report in its entirety has been e-mailed to secretary@dps.ny.gov

Please be advised that Cablevision considers all material (other than ministerial identifying information) contained in the AFR-1 to be Cablevision's confidential and proprietary information and trade secrets, which if disclosed could be used to the Company's detriment by existing and potential competitors thereby causing substantial injury to Cablevision's competitive position. As such, Cablevision has filed both a redacted and unredacted version of the 2013 AFR-1 in accordance with applicable New York state law. Further, Cablevision considers the redacted portions of the AFR-1 to be exempt from disclosure under New York State's Freedom of Information Law (Public Officers Law § 87 et. Seq.). We are submitting herewith a letter from Clifford S. Harris, Senior Vice President – Law, Programming to Ms. Donna Giliberto providing additional support for our position that such redacted portions of the AFR-1 are exempt from such disclosure. We submit this report with the exception that our right to confidential treatment will be protected. Should anyone seek the release of this Report or any redacted data or other information contained therein, we respectfully request that the undersigned be notified of such request so that we may take steps to fully protect our interests.

If you have any questions do not hesitate to contact me at (516) 803-1469 or Tom Burton at (516) 803-1568.

Sincerely,



Mr. Layth Taki
Senior Vice President, Controller Cable & Technical Accounting

cc: Thomas Burton
Vice President, Assistant Divisional Controller

Ms. Philomena Reilly
New York State Dept. of Taxation and Finance
Office of Real Property Tax Services
Valuation Services Bureau
W. A. Harriman State Campus
Albany, NY 12227

Ms. Lori Monell
New York State Dept. of Taxation and Finance
Office of Real Property Tax Services
W. A. Harriman State Campus
Building 8A
Albany, NY 12227

NOTE: PLEASE MAIL THIS FORM TO:

**NEW YORK STATE
DEPARTMENT OF PUBLIC SERVICE**

**COMMUNICATIONS DIVISION
OFFICE OF ACCOUNTING AND FINANCE
THREE EMPIRE STATE PLAZA
ALBANY, N.Y. 12223**

FORM AFR-1

Annual Financial Report for Period Beginning January 1, 2013 and
ending December 31, 2013.

Name: Cablevision Systems Long Island Corporation
Full Name of Cable Television Company

Address: 1111 Stewart Ave.
Mailing Address

<u>Bethpage</u>	<u>N.Y.</u>	<u>11714</u>
<i>City</i>	<i>State</i>	<i>Zip Code</i>

<u>(516) 803 -1469</u>	<u>(516) 803 -2644</u>
<i>Telephone No. (Include Area Code)</i>	<i>Fax No. (Include Area Code)</i>

Business Entity: Corporation
***(Indicate if a) Sole proprietorship; Partnership;
Limited Partnership; Corporation; Subchapter S
Corporation; Not for profit Corporation; other
(describe).***

PART I

To Whom Should Correspondence and Inquiries Concerning This Report Be Addressed?

Mr. Layth Taki
Name

1111 Stewart Ave.
Mailing Address

SVP Controller Cable & Technical Accounting
Title

Bethpage New York
City State

(516) 803 - 1469
Phone Number (Include Area Code)

11714
Zip Code

List below the name of each locality granting a franchise and each geographic area you serve in which a franchise has not been granted. In addition provide information for each municipality and area served as indicated on table below. Indicate operation in a non - franchised area by placing the letter "N" after the area served.

A decimal point has been provided in columns C, D, and E for fractional numbers. All fractional numbers should be rounded to the nearest tenth.

An illustration is provided for the correct method for filling out the demographic information. The Village of Anywhere has 100 subscribers, 50% penetration, 10.0 miles of plant completed and 10.5 total route miles in franchise area.

Should you serve more localities than space provided, please make additional copies of page 2b.

A.	B.	C.	D.	E.
<u>Name of Franchise or Area Served</u>	<u>Number of Subscribers</u>	<u>Estimated Percentage of Penetration</u>	<u>Total Miles of Plant Completed</u>	<u>Total Route Miles in Franchise Area</u>
SAMPLE V. Anywhere	100	50.0	10.0	10.5
1) V. Atlantic Beach	-	-	-	-
2) V. Baxter Estates	-	-	-	-
3) V. Bayville	-	-	-	-
4) V. Bellerose	-	-	-	-
(Sub) TOTAL	0		0.0	0.0

Identify whether a locality is a city, town, or village by using the following codes: 'C' - City, 'T' - Town and 'V' - Village preceding the locality's name. B) Total amount of first or primary outlets not to include additional outlets or other services. C) % of penetration - number in column B divided by number of homes passed. E) Total Miles of Plant required to be constructed in municipality.

	A.	B.	C.	D.	E.
	<u>Name of Franchise or Area Served</u>	<u>Number of Subscribers</u>	<u>Estimated Percentage of Penetration</u>	<u>Total Miles of Plant Completed</u>	<u>Total Route Miles in Franchise Area</u>
a)	<u>SAMPLE V. Anywhere</u>	<u>100</u>	<u>50.0</u>	<u>10.0</u>	<u>10.5</u>
5)	<u>V. Brookville</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>
6)	<u>V. Cedarhurst</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>
7)	<u>V. Centre Island</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>
8)	<u>V. Cove Neck</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>
9)	<u>V. East Hills</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>
10)	<u>V. East Rockaway</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>
11)	<u>V. East Williston</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>
12)	<u>V. Farmingdale</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>
13)	<u>V. Floral Park</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>
14)	<u>V. Freeport</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>
15)	<u>V. Garden City</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>
16)	<u>C. Glen Cove</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>
17)	<u>V. Hempstead</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>
18)	<u>T. Hempstead</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>
19)	<u>V. Hewlett Bay Park</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>
20)	<u>V. Hewlett Harbor</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>
21)	<u>V. Hewlett Neck</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>
22)	<u>V. Island Park</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>
23)	<u>V. Lattingtown</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>
24)	<u>V. Laurel Hollow</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>
25)	<u>C. Long Beach</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>
	<u>(Sub) TOTAL</u>	<u>0</u>	<u>-</u>	<u>0.0</u>	<u>0.0</u>

	A.	B.	C.	D.	E.
	<u>Name of Franchise or Area Served</u>	<u>Number of Subscribers</u>	<u>Estimated Percentage of Penetration</u>	<u>Total Miles of Plant Completed</u>	<u>Total Route Miles in Franchise Area</u>
a)	<u>SAMPLE V. Anywhere</u>	<u>100</u>	<u>50.0</u>	<u>10.0</u>	<u>10.5</u>
26)	<u>V. Malverne</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>
27)	<u>V. Manorhaven</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>
28)	<u>V. Massapequa Park</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>
29)	<u>V. Matinecock</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>
30)	<u>V. Mill Neck</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>
31)	<u>V. Mineola</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>
32)	<u>V. Muttontown</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>
33)	<u>V. New Hyde Park</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>
34)	<u>T. N Hempstead</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>
35)	<u>V. Old Brookville</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>
36)	<u>V. Old Westbury</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>
37)	<u>T. Oyster Bay</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>
38)	<u>V. Oyster Bay Cove</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>
39)	<u>V. Port Washington</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>
40)	<u>V. Rockville Center</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>
41)	<u>V. Roslyn</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>
42)	<u>V. Roslyn Estates</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>
43)	<u>V. Roslyn Harbor</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>
44)	<u>V. Sands Point</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>
45)	<u>V. Sea Cliff</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>
46)	<u>V. South Floral Park</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>
	<u>(Sub) TOTAL</u>	<u>0</u>		<u>0.0</u>	<u>0.0</u>

	A.	B.	C.	D.	E.
	<u>Name of Franchise or Area Served</u>	<u>Number of Subscribers</u>	<u>Estimated Percentage of Penetration</u>	<u>Total Miles of Plant Completed</u>	<u>Total Route Miles in Franchise Area</u>
a)	<u>SAMPLE V. Anywhere</u>	<u>100</u>	<u>50.0</u>	<u>10.0</u>	<u>10.5</u>
47)	<u>V. Stewart Manor</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>
48)	<u>V. Upper Brookville</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>
49)	<u>V. Valley Stream</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>
50)	<u>V. Westbury</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>
51)	<u>V. Williston Park</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>
52)	<u>V. Woodsburgh</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>
53)	<u></u>	<u></u>	<u></u>	<u></u>	<u></u>
54)	<u></u>	<u></u>	<u></u>	<u></u>	<u></u>
55)	<u></u>	<u></u>	<u></u>	<u></u>	<u></u>
56)	<u></u>	<u></u>	<u></u>	<u></u>	<u></u>
57)	<u></u>	<u></u>	<u></u>	<u></u>	<u></u>
58)	<u></u>	<u></u>	<u></u>	<u></u>	<u></u>
59)	<u></u>	<u></u>	<u></u>	<u></u>	<u></u>
60)	<u></u>	<u></u>	<u></u>	<u></u>	<u></u>
61)	<u></u>	<u></u>	<u></u>	<u></u>	<u></u>
62)	<u></u>	<u></u>	<u></u>	<u></u>	<u></u>
63)	<u></u>	<u></u>	<u></u>	<u></u>	<u></u>
64)	<u></u>	<u></u>	<u></u>	<u></u>	<u></u>
65)	<u></u>	<u></u>	<u></u>	<u></u>	<u></u>
66)	<u></u>	<u></u>	<u></u>	<u></u>	<u></u>
	<u>(Sub) TOTAL</u>	<u>0</u>		<u>0.0</u>	<u>0.0</u>
	<u>GRAND TOTAL</u>	<u>0</u>		<u>0.0</u>	<u>0.0</u>

3. At any time during the reporting period did the reporting company own or control 20% or more of another company?

YES X NO

If yes list the name of the companies held.

<u>Name of Company Owned</u>	<u>Percent of Ownership</u>	<u>Included In Part III Yes \ No</u>
<u>Cablevision Systems Suffolk Corporation</u>	<u>100%</u>	<u>Yes</u>
<u>Cablevision Systems</u>	<u> </u>	<u> </u>
<u>Westchester Corporation</u>	<u>100%</u>	<u>Yes</u>
<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>

4 Did another reporting company own or control 20% or more of the reporting company during the reporting period?

YES X NO

If yes, list the name of the companies having ownership.

<u>Name of Company</u>	<u>Percent of Ownership</u>
<u>CSC Holdings, LLC</u>	<u>100%</u>
<u> </u>	<u> </u>
<u> </u>	<u> </u>

Cablevision Systems Long Island Corporation

CERTIFICATION

I certify that I have examined this report and that all statements of fact contained therein are true, complete, and correct to the best of my knowledge, information, and belief and that nothing material has occurred that would require explanation that has not been explained.



Signature

S.V.P. Controller Cable & Technical Accounting
Title

Layth Taki

Printed Name of Signer

03-21-14

Date Signed

NOTE: PLEASE MAIL THIS FORM TO:

NEW YORK STATE

DEPARTMENT OF PUBLIC SERVICE

**COMMUNICATIONS DIVISION
OFFICE OF ACCOUNTING AND FINANCE
THREE EMPIRE STATE PLAZA
ALBANY, N.Y. 12223**

FORM AFR-1

Annual Financial Report for Period Beginning January 1, 2013 and
ending December 31, 2013.

Name: Cablevision Systems Suffolk Corporation
Full Name of Cable Television Company

Address: 1111 Stewart Ave.
Mailing Address

<u>Bethpage</u>	<u>N.Y.</u>	<u>11714</u>
<i>City</i>	<i>State</i>	<i>Zip Code</i>

<u>(516) 803 -1469</u>	<u>(516) 803 -2644</u>
<i>Telephone No. (Include Area Code)</i>	<i>Fax No. (Include Area Code)</i>

Business Entity: Corporation
*(Indicate if a) Sole proprietorship; Partnership;
Limited Partnership; Corporation; Subchapter S
Corporation; Not for profit Corporation; other
(describe).*

PART I

To Whom Should Correspondence and Inquiries Concerning This Report Be Addressed?

<u>Mr. Layth Taki</u> Name	<u>1111 Stewart Ave.</u> Mailing Address
<u>SVP Controller Cable & Technical Accounting</u> Title	<u>Bethpage</u> <u>New York</u> City State
<u>(516) 803 - 1469</u> Phone Number (Include Area Code)	<u>11714</u> Zip Code

2. List below the name of each locality granting a franchise and each geographic area you serve in which a franchise has not been granted. In addition provide information for each municipality and area served as indicated on table below. Indicate operation in a non - franchised area by placing the letter "N" after the area served.

A decimal point has been provided in columns C, D, and E for fractional numbers. All fractional numbers should be rounded to the nearest tenth.

An illustration is provided for the correct method for filling out the demographic information. The Village of Anywhere has 100 subscribers, 50% penetration, 10.0 miles of plant completed and 10.5 total route miles in franchise area.

Should you serve more localities than space provided, please make additional copies of page 2b.

	A.	B.	C.	D.	E.
	<u>Name of Franchise or Area Served</u>	<u>Number of Subscribers</u>	<u>Estimated Percentage of Penetration</u>	<u>Total Miles of Plant Completed</u>	<u>Total Route Miles in Franchise Area</u>
a)	<u>SAMPLE V. Anywhere</u>	<u>100</u>	<u>50.0</u>	<u>10.0</u>	<u>10.5</u>
1)	<u>V. Amityville</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>
2)	<u>T. Babylon</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>
3)	<u>V. Lindenhurst</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>
4)	<u>V. Babylon</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>
	<u>(Sub) TOTAL</u>	<u>0</u>		<u>0.0</u>	<u>0.0</u>

- A) Identify whether a locality is a city, town, or village by using the following codes: 'C' - City, 'T' - Town and 'V' - Village preceding the locality's name. B) Total amount of first or primary outlets not to include additional outlets or other services. C) % of penetration - number in column B divided by number of homes passed. E) Total Miles of Plant required to be constructed in municipality.

3. At any time during the reporting period did the reporting company own or control 20% or more of another company?

YES _____ X _____ NO _____

If yes list the name of the companies held.

<u>Name of Company Owned</u>	<u>Percent of Ownership</u>	<u>Included In Part III Yes \ No</u>
Cablevision Systems Huntington Corporation	100%	Yes

4 Did another reporting company own or control 20% or more of the reporting company during the reporting period?

YES _____ X _____ NO _____

If yes, list the name of the companies having ownership.

<u>Name of Company</u>	<u>Percent of Ownership</u>
Cablevision Systems Long Island Corporation	100%

Cablevision Systems Suffolk Corporation

CERTIFICATION

I certify that I have examined this report and that all statements of fact contained therein are true, complete, and correct to the best of my knowledge, information, and belief and that nothing material has occurred that would require explanation that has not been explained.



Signature

S.V.P. Controller Cable & Technical Accounting
Title

Layth Taki

Printed Name of Signer

03-21-14

Date Signed

NOTE: PLEASE MAIL THIS FORM TO:

NEW YORK STATE
DEPARTMENT OF PUBLIC SERVICE
COMMUNICATIONS DIVISION
OFFICE OF ACCOUNTING AND FINANCE
THREE EMPIRE STATE PLAZA
ALBANY, N.Y. 12223

FORM AFR-1

Annual Financial Report for Period Beginning January 1, 2013 and
ending December 31, 2013.

Name: Cablevision Systems Huntington Corporation
Full Name of Cable Television Company

Address: 1111 Stewart Ave.
Mailing Address

<u>Bethpage</u>	<u>N.Y.</u>	<u>11714</u>
<i>City</i>	<i>State</i>	<i>Zip Code</i>

<u>(516) 803 -1469</u>	<u>(516) 803 -2644</u>
<i>Telephone No. (Include Area Code)</i>	<i>Fax No. (Include Area Code)</i>

Business Entity: Corporation
(Indicate if a) Sole proprietorship; Partnership; Limited Partnership; Corporation; Subchapter S Corporation; Not for profit Corporation; other (describe).

PART I

To Whom Should Correspondence and Inquiries Concerning This Report Be Addressed?

<u>Mr. Layth Taki</u> Name	<u>1111 Stewart Ave.</u> Mailing Address
<u>SVP Controller Cable & Technical Accounting</u> Title	<u>Bethpage</u> <u>New York</u> City State
<u>(516) 803 - 1469</u> Phone Number (Include Area Code)	<u>11714</u> Zip Code

2. List below the name of each locality granting a franchise and each geographic area you serve in which a franchise has not been granted. In addition provide information for each municipality and area served as indicated on table below. Indicate operation in a non - franchised area by placing the letter "N" after the area served.

A decimal point has been provided in columns C, D, and E for fractional numbers. All fractional numbers should be rounded to the nearest tenth.

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Should you serve more localities than space provided, please make additional copies of page 2b.

	A.	B.	C.	D.	E.
	<u>Name of Franchise or Area Served</u>	<u>Number of Subscribers</u>	<u>Estimated Percentage of Penetration</u>	<u>Total Miles of Plant Completed</u>	<u>Total Route Miles in Franchise Area</u>
a)	<u>V. Anywhere</u> SAMPLE	<u>100</u>	<u>50.0</u>	<u>10.0</u>	<u>10.5</u>
1)	<u>V. Asharoken</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>
2)	<u>T Huntington</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>
3)	<u>V. Huntington Bay</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>
4)	<u>V. Northport</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>
	<u>(Sub) TOTAL</u>	<u>0</u>		<u>0.0</u>	<u>0.0</u>

- A) Identify whether a locality is a city, town, or village by using the following codes: 'C' - City, 'T' - Town and 'V' - Village preceding the locality's name. B) Total amount of first or primary outlets not to include additional outlets or other services. C) % of penetration - number in column B divided by number of homes passed. E) Total Miles of Plant required to be constructed in municipality.

	A.	B.	C.	D.	E.
	<u>Name of Franchise or Area Served</u>	<u>Number of Subscribers</u>	<u>Estimated Percentage of Penetration</u>	<u>Total Miles of Plant Completed</u>	<u>Total Route Miles in Franchise Area</u>
a)	SAMPLE V. Anywhere	100	50.0	10.0	10.5
5)	V. Lloyd Harbor	-	-	-	-
6)					
7)					
8)					
9)					
10)					
11)					
12)					
13)					
14)					
15)					
16)					
17)					
18)					
19)					
20)					
21)					
22)					
23)					
24)					
25)					
	TOTALS	0		0.0	0.0

3. At any time during the reporting period did the reporting company own or control 20% or more of another company?

YES _____ NO X

If yes list the name of the companies held.

<u>Name of Company Owned</u>	<u>Percent of Ownership</u>	<u>Included In Part III Yes \ No</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

4 Did another reporting company own or control 20% or more of the reporting company during the reporting period?

YES X NO _____


If yes, list the name of the companies having ownership.

<u>Name of Company</u>	<u>Percent of Ownership</u>
<u>Cablevision Systems Suffolk Corporation</u>	<u>100%</u>
_____	_____
_____	_____

Cablevision Systems Huntington Corporation

CERTIFICATION

I certify that I have examined this report and that all statements of fact contained therein are true, complete, and correct to the best of my knowledge, information, and belief and that nothing material has occurred that would require explanation that has not been explained.

Signature  _____

S.V.P. Controller Cable & Technical Accounting
Title

Layth Taki
Printed Name of Signer _____

03-21-14
Date Signed _____

NOTE: PLEASE MAIL THIS FORM TO:

NEW YORK STATE

DEPARTMENT OF PUBLIC SERVICE

**COMMUNICATIONS DIVISION
OFFICE OF ACCOUNTING AND FINANCE
THREE EMPIRE STATE PLAZA
ALBANY, N.Y. 12223**

FORM AFR-1

Annual Financial Report for Period Beginning January 1, 2013 and
ending December 31, 2013.

Name: Cablevision Systems Great Neck Corporation
Full Name of Cable Television Company

Address: 1111 Stewart Ave.
Mailing Address

Bethpage N.Y. 11714
City State Zip Code

(516) 803 -1469 (516) 803 -2644
Telephone No. (Include Area Code) Fax No. (Include Area Code)

Business Entity: Corporation
*(Indicate if a) Sole proprietorship; Partnership;
Limited Partnership; Corporation; Subchapter S
Corporation; Not for profit Corporation; other
(describe).*

PART I

To Whom Should Correspondence and Inquiries Concerning This Report Be Addressed?

Mr. Layth Taki
Name

1111 Stewart Ave.
Mailing Address

SVP Controller Cable & Technical Accounting
Title

Bethpage New York
City State

(516) 803 - 1469
Phone Number (Include Area Code)

11714
Zip Code

2. List below the name of each locality granting a franchise and each geographic area you serve in which a franchise has not been granted. In addition provide information for each municipality and area served as indicated on table below. Indicate operation in a non - franchised area by placing the letter "N" after the area served.

A decimal point has been provided in columns C, D, and E for fractional numbers. All fractional numbers should be rounded to the nearest tenth.

An illustration is provided for the correct method for filling out the demographic information. The Village of Anywhere has 100 subscribers, 50% penetration, 10.0 miles of plant completed and 10.5 total route miles in franchise area.

Should you serve more localities than space provided, please make additional copies of page 2b.

	A.	B.	C.	D.	E.
	<u>Name of Franchise or Area Served</u>	<u>Number of Subscribers</u>	<u>Estimated Percentage of Penetration</u>	<u>Total Miles of Plant Completed</u>	<u>Total Route Miles in Franchise Area</u>
a)	<u>SAMPLE V. Anywhere</u>	<u>100</u>	<u>50.0</u>	<u>10.0</u>	<u>10.5</u>
1)	<u>V. Kings Point</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>
2)	<u>V. Great Neck</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>
3)	<u>V. Saddle Rock</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>
4)	<u>V. Great Neck Estates</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>
	<u>(Sub) TOTAL</u>	<u>0</u>		<u>0.0</u>	<u>0.0</u>

- A) Identify whether a locality is a city, town, or village by using the following codes: 'C' - City, 'T' - Town and 'V' - Village preceding the locality's name. B) Total amount of first or primary outlets not to include additional outlets or other services. C) % of penetration - number in column B divided by number of homes passed. E) Total Miles of Plant required to be constructed in municipality.

	A.	B.	C.	D.	E.
	<u>Name of Franchise or Area Served</u>	<u>Number of Subscribers</u>	<u>Estimated Percentage of Penetration</u>	<u>Total Miles of Plant Completed</u>	<u>Total Route Miles in Franchise Area</u>
a)	<u>SAMPLE V. Anywhere</u>	<u>100</u>	<u>50.0</u>	<u>10.0</u>	<u>10.5</u>
5)	<u>V. Kensington</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>
6)	<u>V. Great Neck Plaza</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>
7)	<u>V. Russell Gardens</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>
8)	<u>V. Thomaston</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>
9)	<u>V. Lake Success</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>
10)	<u>V. Plandome Plaza</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>
11)	<u>V. Plandome</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>
12)	<u>V. Plandome Heights</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>
13)	<u>V. Flower Hill</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>
14)	<u>V. Munsey Park</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>
15)	<u>V. North Hills</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>
16)	<u></u>	<u></u>	<u></u>	<u></u>	<u></u>
17)	<u></u>	<u></u>	<u></u>	<u></u>	<u></u>
18)	<u></u>	<u></u>	<u></u>	<u></u>	<u></u>
19)	<u></u>	<u></u>	<u></u>	<u></u>	<u></u>
20)	<u></u>	<u></u>	<u></u>	<u></u>	<u></u>
21)	<u></u>	<u></u>	<u></u>	<u></u>	<u></u>
22)	<u></u>	<u></u>	<u></u>	<u></u>	<u></u>
23)	<u></u>	<u></u>	<u></u>	<u></u>	<u></u>
24)	<u></u>	<u></u>	<u></u>	<u></u>	<u></u>
25)	<u></u>	<u></u>	<u></u>	<u></u>	<u></u>
	<u>TOTALS</u>	<u>0</u>	<u></u>	<u>0.0</u>	<u>0.0</u>

3. At any time during the reporting period did the reporting company own or control 20% or more of another company?

YES _____ NO X

If yes list the name of the companies held.

<u>Name of Company Owned</u>	<u>Percent of Ownership</u>	<u>Included In Part III Yes \ No</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

4 Did another reporting company own or control 20% or more of the reporting company during the reporting period?


YES X NO _____

If yes, list the name of the companies having ownership.

<u>Name of Company</u>	<u>Percent of Ownership</u>
<u>CSC Holdings, LLC</u>	<u>100%</u>
_____	_____
_____	_____

CERTIFICATION

I certify that I have examined this report and that all statements of fact contained therein are true, complete, and correct to the best of my knowledge, information, and belief and that nothing material has occurred that would require explanation that has not been explained.



Signature

S.V.P. Controller Cable & Technical Accounting
Title

Layth Taki
Printed Name of Signer

03-21-14
Date Signed

NOTE: PLEASE MAIL THIS FORM TO:

NEW YORK STATE

DEPARTMENT OF PUBLIC SERVICE

**COMMUNICATIONS DIVISION
OFFICE OF ACCOUNTING AND FINANCE
THREE EMPIRE STATE PLAZA
ALBANY, N.Y. 12223**

FORM AFR-1

Annual Financial Report for Period Beginning January 1, 2013 and ending December 31, 2013.

Name: Cablevision Systems Islip Corporation
Full Name of Cable Television Company

Address: 1111 Stewart Ave.
Mailing Address

Bethpage N.Y. 11714
City State Zip Code

(516) 803 -1469 (516) 803 -2644
Telephone No. (Include Area Code) Fax No. (Include Area Code)

Business Entity: Corporation
(Indicate if a) Sole proprietorship; Partnership; Limited Partnership; Corporation; Subchapter S Corporation; Not for profit Corporation; other (describe).

PART I

To Whom Should Correspondence and Inquiries Concerning This Report Be Addressed?

<u>Mr. Layth Taki</u> Name	<u>1111 Stewart Ave.</u> Mailing Address
<u>SVP Controller Cable & Technical Accounting</u> Title	<u>Bethpage</u> <u>New York</u> City State
<u>(516) 803 - 1469</u> Phone Number (Include Area Code)	<u>11714</u> Zip Code

2. List below the name of each locality granting a franchise and each geographic area you serve in which a franchise has not been granted. In addition provide information for each municipality and area served as indicated on table below. Indicate operation in a non - franchised area by placing the letter "N" after the area served.

A decimal point has been provided in columns C, D, and E for fractional numbers. All fractional numbers should be rounded to the nearest tenth.

An illustration is provided for the correct method for filling out the demographic information. The Village of Anywhere has 100 subscribers, 50% penetration, 10.0 miles of plant completed and 10.5 total route miles in franchise area.

Should you serve more localities than space provided, please make additional copies of page 2b.

	A.	B.	C.	D.	E.
	<u>Name of Franchise or Area Served</u>	<u>Number of Subscribers</u>	<u>Estimated Percentage of Penetration</u>	<u>Total Miles of Plant Completed</u>	<u>Total Route Miles in Franchise Area</u>
a)	<u>V. Anywhere</u>	<u>100</u>	<u>50.0</u>	<u>10.0</u>	<u>10.5</u>
1)	<u>T. Islip</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>
2)	<u>_____</u>	<u>_____</u>	<u>_____</u>	<u>_____</u>	<u>_____</u>
3)	<u>_____</u>	<u>_____</u>	<u>_____</u>	<u>_____</u>	<u>_____</u>
4)	<u>_____</u>	<u>_____</u>	<u>_____</u>	<u>_____</u>	<u>_____</u>
	<u>(Sub) TOTAL</u>	<u>0</u>	<u>_____</u>	<u>0.0</u>	<u>0.0</u>

- A) Identify whether a locality is a city, town, or village by using the following codes: 'C' - City, 'T' - Town and 'V' - Village preceding the locality's name. B) Total amount of first or primary outlets not to include additional outlets or other services. C) % of penetration - number in column B divided by number of homes passed. E) Total Miles of Plant required to be constructed in municipality.

3. At any time during the reporting period did the reporting company own or control 20% or more of another company?

YES _____ NO X

If yes list the name of the companies held.

<u>Name of Company Owned</u>	<u>Percent of Ownership</u>	<u>Included In Part III Yes \ No</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

4 Did another reporting company own or control 20% or more of the reporting company during the reporting period?

YES X NO _____

If yes, list the name of the companies having ownership.

<u>Name of Company</u>	<u>Percent of Ownership</u>
<u>CSC Holdings, LLC</u>	<u>100%</u>
_____	_____
_____	_____

CERTIFICATION

I certify that I have examined this report and that all statements of fact contained therein are true, complete, and correct to the best of my knowledge, information, and belief and that nothing material has occurred that would require explanation that has not been explained.



Signature

S.V.P. Controller Cable & Technical Accounting
Title

Layth Taki
Printed Name of Signer

03-21-14
Date Signed

NOTE: PLEASE MAIL THIS FORM TO:

**NEW YORK STATE
DEPARTMENT OF PUBLIC SERVICE**

**COMMUNICATIONS DIVISION
OFFICE OF ACCOUNTING AND FINANCE
THREE EMPIRE STATE PLAZA
ALBANY, N.Y. 12223**

FORM AFR-1

Annual Financial Report for Period Beginning January 1, 2013 and ending December 31, 2013.

Name: Cablevision Systems East Hampton Corporation
Full Name of Cable Television Company

Address: 1111 Stewart Ave.
Mailing Address

Bethpage N.Y. 11714
City State Zip Code

(516) 803 -1469 (516) 803 -2644
Telephone No. (Include Area Code) Fax No. (Include Area Code)

Business Entity: Corporation
(Indicate if a) Sole proprietorship; Partnership; Limited Partnership; Corporation; Subchapter S Corporation; Not for profit Corporation; other (describe).

PART I

To Whom Should Correspondence and Inquiries Concerning This Report Be Addressed?

Mr. Layth Taki
Name

1111 Stewart Ave.
Mailing Address

SVP Controller Cable & Technical Accounting
Title

Bethpage New York
City State

(516) 803 - 1469
Phone Number (Include Area Code)

11714
Zip Code

- 2. List below the name of each locality granting a franchise and each geographic area you serve in which a franchise has not been granted. In addition provide information for each municipality and area served as indicated on table below. Indicate operation in a non - franchised area by placing the letter "N" after the area served.

A decimal point has been provided in columns C, D, and E for fractional numbers. All fractional numbers should be rounded to the nearest tenth.

An illustration is provided for the correct method for filling out the demographic information. The Village of Anywhere has 100 subscribers, 50% penetration, 10.0 miles of plant completed and 10.5 total route miles in franchise area.

Should you serve more localities than space provided, please make additional copies of page 2b.

	A.	B.	C.	D.	E.
	<u>Name of Franchise or Area Served</u>	<u>Number of Subscribers</u>	<u>Estimated Percentage of Penetration</u>	<u>Total Miles of Plant Completed</u>	<u>Total Route Miles in Franchise Area</u>
a)	<u>SAMPLE V. Anywhere</u>	<u>100</u>	<u>50.0</u>	<u>10.0</u>	<u>10.5</u>
1)	<u>V & T East Hampton</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>
2)	<u>_____</u>	<u>_____</u>	<u>_____</u>	<u>_____</u>	<u>_____</u>
3)	<u>_____</u>	<u>_____</u>	<u>_____</u>	<u>_____</u>	<u>_____</u>
4)	<u>_____</u>	<u>_____</u>	<u>_____</u>	<u>_____</u>	<u>_____</u>
	<u>(Sub) TOTAL</u>	<u>0</u>	<u>_____</u>	<u>0.0</u>	<u>0.0</u>

- A) Identify whether a locality is a city, town, or village by using the following codes: 'C' - City, 'T' - Town and 'V' - Village preceding the locality's name.
- B) Total amount of first or primary outlets not to include additional outlets or other services.
- C) % of penetration - number in column B divided by number of homes passed.
- E) Total Miles of Plant required to be constructed in municipality.

3. At any time during the reporting period did the reporting company own or control 20% or more of another company?

YES _____ NO X

If yes list the name of the companies held.

<u>Name of Company Owned</u>	<u>Percent of Ownership</u>	<u>Included In Part III Yes \ No</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

4 Did another reporting company own or control 20% or more of the reporting company during the reporting period?


YES X NO _____

If yes, list the name of the companies having ownership.

<u>Name of Company</u>	<u>Percent of Ownership</u>
<u>CSC Holdings, LLC</u>	<u>100%</u>
_____	_____
_____	_____

CERTIFICATION

I certify that I have examined this report and that all statements of fact contained therein are true, complete, and correct to the best of my knowledge, information, and belief and that nothing material has occurred that would require explanation that has not been explained.



Signature

S.V.P. Controller Cable & Technical Accounting
Title

Layth Taki
Printed Name of Signer

03-21-14
Date Signed

NOTE: PLEASE MAIL THIS FORM TO:

**NEW YORK STATE
DEPARTMENT OF PUBLIC SERVICE
COMMUNICATIONS DIVISION
OFFICE OF ACCOUNTING AND FINANCE
THREE EMPIRE STATE PLAZA
ALBANY, N.Y. 12223**

FORM AFR-1

Annual Financial Report for Period Beginning January 1, 2013 and
ending December 31, 2013.

Name: Cablevision Systems Westchester Corporation
Full Name of Cable Television Company

Address: 1111 Stewart Ave.
Mailing Address

<u>Bethpage</u>	<u>N.Y.</u>	<u>11714</u>
<i>City</i>	<i>State</i>	<i>Zip Code</i>

<u>(516) 803 -1469</u>	<u>(516) 803 -2644</u>
<i>Telephone No. (Include Area Code)</i>	<i>Fax No. (Include Area Code)</i>

Business Entity: Corporation
***(Indicate if a) Sole proprietorship; Partnership;
Limited Partnership; Corporation; Subchapter S
Corporation; Not for profit Corporation; other
(describe).***

PART I

To Whom Should Correspondence and Inquiries Concerning This Report Be Addressed?

Mr. Layth Taki
Name

1111 Stewart Ave.
Mailing Address

SVP Controller Cable & Technical Accounting
Title

Bethpage New York
City State

(516) 803 - 1469
Phone Number (Include Area Code)

11714
Zip Code

2. List below the name of each locality granting a franchise and each geographic area you serve in which a franchise has not been granted. In addition provide information for each municipality and area served as indicated on table below. Indicate operation in a non - franchised area by placing the letter "N" after the area served.

A decimal point has been provided in columns C, D, and E for fractional numbers. All fractional numbers should be rounded to the nearest tenth.

An illustration is provided for the correct method for filling out the demographic information. The Village of Anywhere has 100 subscribers, 50% penetration, 10.0 miles of plant completed and 10.5 total route miles in franchise area.

Should you serve more localities than space provided, please make additional copies of page 2b.

	A.	B.	C.	D.	E.
	<u>Name of Franchise or Area Served</u>	<u>Number of Subscribers</u>	<u>Estimated Percentage of Penetration</u>	<u>Total Miles of Plant Completed</u>	<u>Total Route Miles in Franchise Area</u>
a)	<u>V. Anywhere</u>	<u>100</u>	<u>50.0</u>	<u>10.0</u>	<u>10.5</u>
1)	<u>C. Yonkers</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>
2)	<u>T. North Salem</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>
3)	<u>T. Lewisboro</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>
4)	<u>T. Pound Ridge</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>
	<u>(Sub) TOTAL</u>	<u>0</u>		<u>0.0</u>	<u>0.0</u>

- A) Identify whether a locality is a city, town, or village by using the following codes: 'C' - City, 'T' - Town and 'V' - Village preceding the locality's name. B) Total amount of first or primary outlets not to include additional outlets or other services. C) % of penetration - number in column B divided by number of homes passed. E) Total Miles of Plant required to be constructed in municipality.

	A.	B.	C.	D.	E.
	<u>Name of Franchise or Area Served</u>	<u>Number of Subscribers</u>	<u>Estimated Percentage of Penetration</u>	<u>Total Miles of Plant Completed</u>	<u>Total Route Miles in Franchise Area</u>
a)	SAMPLE V. Anywhere	100	50.0	10.0	10.5
5)	T. Bedford	-	-	-	-
6)	V. & T. Mount Kisco	-	-	-	-
7)	T. Putnam Valley	-	-	-	-
8)	T. Somers	-	-	-	-
9)	T. Yorktown	-	-	-	-
10)	T. North Castle	-	-	-	-
11)					
12)					
13)					
14)					
15)					
16)					
17)					
18)					
19)					
20)					
21)					
22)					
23)					
24)					
25)					
	TOTALS	0		-	-

3. At any time during the reporting period did the reporting company own or control 20% or more of another company?

YES _____ NO X

If yes list the name of the companies held.

<u>Name of Company Owned</u>	<u>Percent of Ownership</u>	<u>Included In Part III Yes \ No</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

4 Did another reporting company own or control 20% or more of the reporting company during the reporting period?

YES _____ X _____ NO _____

If yes, list the name of the companies having ownership.

<u>Name of Company</u>	<u>Percent of Ownership</u>
<u>Cablevision Systems Long Island Corporation</u>	<u>100%</u>
_____	_____
_____	_____

Cablevision Systems Westchester Corporation

CERTIFICATION

I certify that I have examined this report and that all statements of fact contained therein are true, complete, and correct to the best of my knowledge, information, and belief and that nothing material has occurred that would require explanation that has not been explained.



Signature

S.V.P. Controller Cable & Technical Accounting
Title

Layth Taki
Printed Name of Signer

03-21-14
Date Signed

NOTE: PLEASE MAIL THIS FORM TO:

**NEW YORK STATE
DEPARTMENT OF PUBLIC SERVICE**

**COMMUNICATIONS DIVISION
OFFICE OF ACCOUNTING AND FINANCE
THREE EMPIRE STATE PLAZA
ALBANY, N.Y. 12223**

FORM AFR-1

Annual Financial Report for Period Beginning January 1, 2013 and
ending December 31, 2013.

Name: Cablevision Systems Dutchess Corporation
Full Name of Cable Television Company

Address: 1111 Stewart Ave.
Mailing Address

<u>Bethpage</u>	<u>N.Y.</u>	<u>11714</u>
<i>City</i>	<i>State</i>	<i>Zip Code</i>

<u>(516) 803 -1469</u>	<u>(516) 803 -2644</u>
<i>Telephone No. (Include Area Code)</i>	<i>Fax No. (Include Area Code)</i>

Business Entity: Corporation
*(Indicate if a) Sole proprietorship; Partnership;
Limited Partnership; Corporation; Subchapter S
Corporation; Not for profit Corporation; other
(describe).*

PART I

To Whom Should Correspondence and Inquiries Concerning This Report Be Addressed?

<u>Mr. Layth Taki</u> Name	<u>1111 Stewart Ave.</u> Mailing Address
<u>SVP Controller Cable & Technical Accounting</u> Title	<u>Bethpage</u> <u>New York</u> City State
<u>(516) 803 - 1469</u> Phone Number (Include Area Code)	<u>11714</u> Zip Code

2. List below the name of each locality granting a franchise and each geographic area you serve in which a franchise has not been granted. In addition provide information for each municipality and area served as indicated on table below. Indicate operation in a non - franchised area by placing the letter "N" after the area served.

A decimal point has been provided in columns C, D, and E for fractional numbers. All fractional numbers should be rounded to the nearest tenth.

An illustration is provided for the correct method for filling out the demographic information. The Village of Anywhere has 100 subscribers, 50% penetration, 10.0 miles of plant completed and 10.5 total route miles in franchise area.

Should you serve more localities than space provided, please make additional copies of page 2b.

	A.	B.	C.	D.	E.
	<u>Name of Franchise or Area Served</u>	<u>Number of Subscribers</u>	<u>Estimated Percentage of Penetration</u>	<u>Total Miles of Plant Completed</u>	<u>Total Route Miles in Franchise Area</u>
a)	<u>SAMPLE V. Anywhere</u>	<u>100</u>	<u>50.0</u>	<u>10.0</u>	<u>10.5</u>
1)	<u>T. Dover</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>
2)	<u>T. Amenia</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>
3)	<u>T. Washington</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>
4)	<u>V. Millbrook</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>
	<u>(Sub) TOTAL</u>	<u>0</u>		<u>0.0</u>	<u>0.0</u>

- A) Identify whether a locality is a city, town, or village by using the following codes: 'C' - City, 'T' - Town and 'V' - Village preceding the locality's name. B) Total amount of first or primary outlets not to include additional outlets or other services. C) % of penetration - number in column B divided by number of homes passed. E) Total Miles of Plant required to be constructed in municipality.

	A.	B.	C.	D.	E.
	<u>Name of Franchise or Area Served</u>	<u>Number of Subscribers</u>	<u>Estimated Percentage of Penetration</u>	<u>Total Miles of Plant Completed</u>	<u>Total Route Miles in Franchise Area</u>
a)	SAMPLE V. Anywhere	100	50.0	10.0	10.5
5)	V. Northeast	-	-	-	-
6)	V. Millerton	-	-	-	-
7)	T. Unionvale	-	-	-	-
8)	T. Stanfordville	-	-	-	-
9)	T. Pine Plains	-	-	-	-
10)	T. Clinton	-	-	-	-
11)	T. Milan	-	-	-	-
12)					
13)					
14)					
15)					
16)					
17)					
18)					
19)					
20)					
21)					
22)					
23)					
24)					
25)					
	TOTALS	0		0.0	0.0

3. At any time during the reporting period did the reporting company own or control 20% or more of another company?

YES _____ NO X

If yes list the name of the companies held.

<u>Name of Company Owned</u>	<u>Percent of Ownership</u>	<u>Included In Part III Yes \ No</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

4 Did another reporting company own or control 20% or more of the reporting company during the reporting period?

YES _____ X _____ NO _____

If yes, list the name of the companies having ownership.

<u>Name of Company</u>	<u>Percent of Ownership</u>
<u>CSC Holdings, LLC</u>	<u>100%</u>
_____	_____
_____	_____

CERTIFICATION

I certify that I have examined this report and that all statements of fact contained therein are true, complete, and correct to the best of my knowledge, information, and belief and that nothing material has occurred that would require explanation that has not been explained.



Signature

S.V.P. Controller Cable & Technical Accounting
Title

Layth Taki
Printed Name of Signer

03-21-14
Date Signed

NOTE: PLEASE MAIL THIS FORM TO:

**NEW YORK STATE
DEPARTMENT OF PUBLIC SERVICE**

**COMMUNICATIONS DIVISION
OFFICE OF ACCOUNTING AND FINANCE
THREE EMPIRE STATE PLAZA
ALBANY, N.Y. 12223**

FORM AFR-1

Annual Financial Report for Period Beginning January 1, 2013 and
ending December 31, 2013.

Name: CSC Acquisition - NY, Inc.
Full Name of Cable Television Company

Address: 1111 Stewart Ave
Mailing Address

<u>Bethpage</u>	<u>N.Y.</u>	<u>11714</u>
<i>City</i>	<i>State</i>	<i>Zip Code</i>
<u>(516) 803 -1469</u>	<u>(516) 803 -2644</u>	
<i>Telephone No. (Include Area Code)</i>	<i>Fax No. (Include Area Code)</i>	

Business Entity: Corporation
*(Indicate if a) Sole proprietorship; Partnership;
Limited Partnership; Corporation; Subchapter S
Corporation; Not for profit Corporation; other
(describe).*

PART I

To Whom Should Correspondence and Inquiries Concerning This Report Be Addressed?

<u>Mr. Layth Taki</u> Name	<u>1111 Stewart Ave.</u> Mailing Address
<u>SVP Controller Cable & Technical Accounting</u> Title	<u>Bethpage</u> <u>New York</u> City State
<u>(516) 803 - 1469</u> Phone Number (Include Area Code)	<u>11714</u> Zip Code

2. List below the name of each locality granting a franchise and each geographic area you serve in which a franchise has not been granted. In addition provide information for each municipality and area served as indicated on table below. Indicate operation in a non - franchised area by placing the letter "N" after the area served.

A decimal point has been provided in columns C, D, and E for fractional numbers. All fractional numbers should be rounded to the nearest tenth.

An illustration is provided for the correct method for filling out the demographic information. The Village of Anywhere has 100 subscribers, 50% penetration, 10.0 miles of plant completed and 10.5 total route miles in franchise area.

Should you serve more localities than space provided, please make additional copies of page 2b.

	A.	B.	C.	D.	E.
	<u>Name of Franchise or Area Served</u>	<u>Number of Subscribers</u>	<u>Estimated Percentage of Penetration</u>	<u>Total Miles of Plant Completed</u>	<u>Total Route Miles in Franchise Area</u>
a)	<u>SAMPLE V. Anywhere</u>	<u>100</u>	<u>50.0</u>	<u>10.0</u>	<u>10.5</u>
1)	<u>T. Riverhead</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>
2)	<u>T. Southhold</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>
3)	<u>T. Southampton</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>
4)	<u>V. Southampton</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>
	<u>(Sub) TOTAL</u>	<u>0</u>		<u>0.0</u>	<u>0.0</u>

- A) Identify whether a locality is a city, town, or village by using the following codes: 'C' - City, 'T' - Town and 'V' - Village preceding the locality's name. B) Total amount of first or primary outlets not to include additional outlets or other services. C) % of penetration - number in column B divided by number of homes passed. E) Total Miles of Plant required to be constructed in municipality.

	A.	B.	C.	D.	E.
	<u>Name of Franchise or Area Served</u>	<u>Number of Subscribers</u>	<u>Estimated Percentage of Penetration</u>	<u>Total Miles of Plant Completed</u>	<u>Total Route Miles in Franchise Area</u>
a)	SAMPLE V. Anywhere	100	50.0	10.0	10.5
5)	V. Sag Harbor	-	-	-	-
6)	V. Greenport	-	-	-	-
7)	V. Quogue	-	-	-	-
8)	V. W. Hampton Beach	-	-	-	-
9)					
10)					
11)					
12)					
13)					
14)					
15)					
16)					
17)					
18)					
19)					
20)					
21)					
22)					
23)					
24)					
25)					
	TOTALS	0		0.0	0.0

3. At any time during the reporting period did the reporting company own or control 20% or more of another company?

YES _____ NO X

If yes list the name of the companies held.

<u>Name of Company Owned</u>	<u>Percent of Ownership</u>	<u>Included In Part III Yes \ No</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

4 Did another reporting company own or control 20% or more of the reporting company during the reporting period?

YES _____ NO X

If yes, list the name of the companies having ownership.

<u>Name of Company</u>	<u>Percent of Ownership</u>
<u>CSC Acquisition Corporation</u>	<u>100%</u>
_____	_____
_____	_____

CERTIFICATION

I certify that I have examined this report and that all statements of fact contained therein are true, complete, and correct to the best of my knowledge, information, and belief and that nothing material has occurred that would require explanation that has not been explained.



Signature

S.V.P. Controller Cable & Technical Accounting
Title

Layth Taki
Printed Name of Signer

03-21-14
Date Signed

NOTE: PLEASE MAIL THIS FORM TO:

NEW YORK STATE
DEPARTMENT OF PUBLIC SERVICE
COMMUNICATIONS DIVISION
OFFICE OF ACCOUNTING AND FINANCE
THREE EMPIRE STATE PLAZA
ALBANY, N.Y. 12223

FORM AFR-1

Annual Financial Report for Period Beginning January 1, 2013 and ending December 31, 2013.

Name: CSC Acquisition - MA, Inc.
Full Name of Cable Television Company

Address: 1111 Stewart Ave
Mailing Address

Bethpage N.Y. 11714
City *State* *Zip Code*

(516) 803 -1469 (516) 803 -2644
Telephone No. (Include Area Code) *Fax No. (Include Area Code)*

Business Entity: Corporation
(Indicate if a) Sole proprietorship; Partnership; Limited Partnership; Corporation; Subchapter S Corporation; Not for profit Corporation; other (describe).

PART I

To Whom Should Correspondence and Inquiries Concerning This Report Be Addressed?

<u>Mr. Layth Taki</u> Name	<u>1111 Stewart Ave.</u> Mailing Address
<u>SVP Controller Cable & Technical Accounting</u> Title	<u>Bethpage</u> <u>New York</u> City State
<u>(516) 803 - 1469</u> Phone Number (Include Area Code)	<u>11714</u> Zip Code

2. List below the name of each locality granting a franchise and each geographic area you serve in which a franchise has not been granted. In addition provide information for each municipality and area served as indicated on table below. Indicate operation in a non - franchised area by placing the letter "N" after the area served.

A decimal point has been provided in columns C, D, and E for fractional numbers. All fractional numbers should be rounded to the nearest tenth.

An illustration is provided for the correct method for filling out the demographic information. The Village of Anywhere has 100 subscribers, 50% penetration, 10.0 miles of plant completed and 10.5 total route miles in franchise area.

Should you serve more localities than space provided, please make additional copies of page 2b.

	A.	B.	C.	D.	E.
	<u>Name of Franchise or Area Served</u>	<u>Number of Subscribers</u>	<u>Estimated Percentage of Penetration</u>	<u>Total Miles of Plant Completed</u>	<u>Total Route Miles in Franchise Area</u>
a)	<u>SAMPLE V. Anywhere</u>	<u>100</u>	<u>50.0</u>	<u>10.0</u>	<u>10.5</u>
1)	<u>V. Lawrence</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>
2)	<u>V. Lynbrook</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>
3)	<u>V. Portchester</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>
4)	<u>V.&T. Harrison</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>
	<u>(Sub) TOTAL</u>	<u>0</u>		<u>0.0</u>	<u>0.0</u>

- A) Identify whether a locality is a city, town, or village by using the following codes: 'C' - City, 'T' - Town and 'V' - Village preceding the locality's name. B) Total amount of first or primary outlets not to include additional outlets or other services. C) % of penetration - number in column B divided by number of homes passed. E) Total Miles of Plant required to be constructed in municipality.

3. At any time during the reporting period did the reporting company own or control 20% or more of another company?

YES X NO

If yes list the name of the companies held.

<u>Name of Company Owned</u>	<u>Percent of Ownership</u>	<u>Included in Part III Yes \ No</u>
A-R Cable Services - NY, Inc.	100%	Yes
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

4 Did another reporting company own or control 20% or more of the reporting company during the reporting period?

YES X NO


If yes, list the name of the companies having ownership.

<u>Name of Company</u>	<u>Percent of Ownership</u>
CSC Acquisition Corporation	100%
_____	_____
_____	_____

CSC Acquisition - MA, Inc.

CERTIFICATION

I certify that I have examined this report and that all statements of fact contained therein are true, complete, and correct to the best of my knowledge, information, and belief and that nothing material has occurred that would require explanation that has not been explained.



Signature

S.V.P. Controller Cable & Technical Accounting
Title

Layth Taki
Printed Name of Signer

03-21-14
Date Signed

NOTE: PLEASE MAIL THIS FORM TO:

NEW YORK STATE
DEPARTMENT OF PUBLIC SERVICE
COMMUNICATIONS DIVISION
OFFICE OF ACCOUNTING AND FINANCE
THREE EMPIRE STATE PLAZA
ALBANY, N.Y. 12223

FORM AFR-1

Annual Financial Report for Period Beginning January 1, 2013 and ending December 31, 2013.

Name: Suffolk Cable Corporation
Full Name of Cable Television Company

Address: 1111 Stewart Ave
Mailing Address

Bethpage N.Y. 11714
City State Zip Code

(516) 803 -1469 (516) 803 -2644
Telephone No. (Include Area Code) Fax No. (Include Area Code)

Business Entity: Corporation
(Indicate if a) Sole proprietorship; Partnership; Limited Partnership; Corporation; Subchapter S Corporation; Not for profit Corporation; other (describe).

PART I

To Whom Should Correspondence and Inquiries Concerning This Report Be Addressed?

<u>Mr. Layth Taki</u> Name	<u>1111 Stewart Ave.</u> Mailing Address
<u>SVP Controller Cable & Technical Accounting</u> Title	<u>Bethpage</u> <u>New York</u> City State
<u>(516) 803 - 1469</u> Phone Number (Include Area Code)	<u>11714</u> Zip Code

2. List below the name of each locality granting a franchise and each geographic area you serve in which a franchise has not been granted. In addition provide information for each municipality and area served as indicated on table below. Indicate operation in a non - franchised area by placing the letter "N" after the area served.

A decimal point has been provided in columns C, D, and E for fractional numbers. All fractional numbers should be rounded to the nearest tenth.

An illustration is provided for the correct method for filling out the demographic information. The Village of Anywhere has 100 subscribers, 50% penetration, 10.0 miles of plant completed and 10.5 total route miles in franchise area.

Should you serve more localities than space provided, please make additional copies of page 2b.

	A.	B.	C.	D.	E.
	<u>Name of Franchise or Area Served</u>	<u>Number of Subscribers</u>	<u>Estimated Percentage of Penetration</u>	<u>Total Miles of Plant Completed</u>	<u>Total Route Miles in Franchise Area</u>
a)	<u>V. Anywhere</u>	<u>100</u>	<u>50.0</u>	<u>10.0</u>	<u>10.5</u>
<hr/>					
1)	<u>T. Brookhaven</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>
2)	<u>V. Belle Terre</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>
3)	<u>V. Old Field</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>
4)	<u>V. Shoreham</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>
	<u>(Sub) TOTAL</u>	<u>0</u>		<u>0.0</u>	<u>0.0</u>

- A) Identify whether a locality is a city, town, or village by using the following codes: 'C' - City, 'T' - Town and 'V' - Village preceding the locality's name. B) Total amount of first or primary outlets not to include additional outlets or other services. C) % of penetration - number in column B divided by number of homes passed. E) Total Miles of Plant required to be constructed in municipality.

	A.	B.	C.	D.	E.
	<u>Name of Franchise or Area Served</u>	<u>Number of Subscribers</u>	<u>Estimated Percentage of Penetration</u>	<u>Total Miles of Plant Completed</u>	<u>Total Route Miles in Franchise Area</u>
a)	SAMPLE V. Anywhere	100	50.0	10.0	10.5
5)	V. Port Jefferson	-	-	-	-
6)					
7)					
8)					
9)					
10)					
11)					
12)					
13)					
14)					
15)					
16)					
17)					
18)					
19)					
20)					
21)					
22)					
23)					
24)					
25)					
	TOTALS	0		0.0	0.0

3. At any time during the reporting period did the reporting company own or control 20% or more of another company?

YES _____ NO X

If yes list the name of the companies held.

<u>Name of Company Owned</u>	<u>Percent of Ownership</u>	<u>Included In Part III Yes \ No</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

4 Did another reporting company own or control 20% or more of the reporting company during the reporting period?

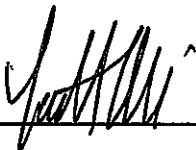
YES X NO _____

If yes, list the name of the companies having ownership.

<u>Name of Company</u>	<u>Percent of Ownership</u>
<u>Petra Cablevision Corp.</u>	<u>100%</u>
_____	_____
_____	_____

CERTIFICATION

I certify that I have examined this report and that all statements of fact contained therein are true, complete, and correct to the best of my knowledge, information, and belief and that nothing material has occurred that would require explanation that has not been explained.



Signature

S.V.P. Controller Cable & Technical Accounting
Title

Layth Taki
Printed Name of Signer

03-21-14
Date Signed

NOTE: PLEASE MAIL THIS FORM TO:

**NEW YORK STATE
DEPARTMENT OF PUBLIC SERVICE**

**COMMUNICATIONS DIVISION
OFFICE OF ACCOUNTING AND FINANCE
THREE EMPIRE STATE PLAZA
ALBANY, N.Y. 12223**

FORM AFR-1

Annual Financial Report for Period Beginning January 1, 2013 and
ending December 31, 2013.

Name: Cablevision Systems New York City Corporation
Full Name of Cable Television Company

Address: 1111 Stewart Ave
Mailing Address

Bethpage N.Y. 11714
City State Zip Code

(516) 803 -1469 (516) 803 -2644
Telephone No. (Include Area Code) Fax No. (Include Area Code)

Business Entity: Corporation
*(Indicate if a) Sole proprietorship; Partnership;
Limited Partnership; Corporation; Subchapter S
Corporation; Not for profit Corporation; other
(describe).*

PART I

To Whom Should Correspondence and Inquiries Concerning This Report Be Addressed?

<u>Mr. Layth Taki</u> Name	<u>1111 Stewart Ave.</u> Mailing Address
<u>SVP Controller Cable & Technical Accounting</u> Title	<u>Bethpage</u> <u>New York</u> City State
<u>(516) 803 - 1469</u> Phone Number (Include Area Code)	<u>11714</u> Zip Code

2. List below the name of each locality granting a franchise and each geographic area you serve in which a franchise has not been granted. In addition provide information for each municipality and area served as indicated on table below. Indicate operation in a non - franchised area by placing the letter "N" after the area served.

A decimal point has been provided in columns C, D, and E for fractional numbers. All fractional numbers should be rounded to the nearest tenth.

An illustration is provided for the correct method for filling out the demographic information. The Village of Anywhere has 100 subscribers, 50% penetration, 10.0 miles of plant completed and 10.5 total route miles in franchise area.

Should you serve more localities than space provided, please make additional copies of page 2b.

	A.	B.	C.	D.	E.
	<u>Name of Franchise or Area Served</u>	<u>Number of Subscribers</u>	<u>Estimated Percentage of Penetration</u>	<u>Total Miles of Plant Completed</u>	<u>Total Route Miles in Franchise Area</u>
a)	<u>SAMPLE V. Anywhere</u>	<u>100</u>	<u>50.0</u>	<u>10.0</u>	<u>10.5</u>
1)	<u>BROOKLYN</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>
2)	<u>BRONX</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>
3)	<u>_____</u>	<u>_____</u>	<u>_____</u>	<u>_____</u>	<u>_____</u>
4)	<u>_____</u>	<u>_____</u>	<u>_____</u>	<u>_____</u>	<u>_____</u>
	<u>(Sub) TOTAL</u>	<u>0</u>	<u>_____</u>	<u>0.0</u>	<u>0.0</u>

- A) Identify whether a locality is a city, town, or village by using the following codes: 'C' - City, 'T' - Town and 'V' - Village preceding the locality's name. B) Total amount of first or primary outlets not to include additional outlets or other services. C) % of penetration - number in column B divided by number of homes passed. E) Total Miles of Plant required to be constructed in municipality.

3. At any time during the reporting period did the reporting company own or control 20% or more of another company?

YES _____ NO X

If yes list the name of the companies held.

<u>Name of Company Owned</u>	<u>Percent of Ownership</u>	<u>Included In Part III Yes \ No</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

4 Did another reporting company own or control 20% or more of the reporting company during the reporting period?


YES X NO _____

If yes, list the name of the companies having ownership.

<u>Name of Company</u>	<u>Percent of Ownership</u>
<u>CSC Holdings, LLC</u>	<u>100%</u>
_____	_____
_____	_____

CERTIFICATION

I certify that I have examined this report and that all statements of fact contained therein are true, complete, and correct to the best of my knowledge, information, and belief and that nothing material has occurred that would require explanation that has not been explained.



Signature

S.V.P. Controller Cable & Technical Accounting
Title

Layth Taki
Printed Name of Signer

03-21-14
Date Signed

NOTE: PLEASE MAIL THIS FORM TO:

NEW YORK STATE
DEPARTMENT OF PUBLIC SERVICE
COMMUNICATIONS DIVISION
OFFICE OF ACCOUNTING AND FINANCE
THREE EMPIRE STATE PLAZA
ALBANY, N.Y. 12223

FORM AFR-1

Annual Financial Report for Period Beginning January 1, 2013 and ending December 31, 2013.

Name: Cablevision of Warwick, LLC
Full Name of Cable Television Company

Address: 1111 Stewart Ave
Mailing Address

Bethpage N.Y. 11714
City State Zip Code

(516) 803 -1469 (516) 803 -2644
Telephone No. (Include Area Code) Fax No. (Include Area Code)

Business Entity: Limited Liability Company
(Indicate if a) Sole proprietorship; Partnership; Limited Partnership; Corporation; Subchapter S Corporation; Not for profit Corporation; other (describe).

PART I

To Whom Should Correspondence and Inquiries Concerning This Report Be Addressed?

Mr. Layth Taki
Name

1111 Stewart Ave.
Mailing Address

SVP Controller Cable & Technical Accounting
Title

Bethpage New York
City State

(516) 803 - 1469
Phone Number (Include Area Code)

11714
Zip Code

2. List below the name of each locality granting a franchise and each geographic area you serve in which a franchise has not been granted. In addition provide information for each municipality and area served as indicated on table below. Indicate operation in a non - franchised area by placing the letter "N" after the area served.

A decimal point has been provided in columns C, D, and E for fractional numbers. All fractional numbers should be rounded to the nearest tenth.

An illustration is provided for the correct method for filling out the demographic information. The Village of Anywhere has 100 subscribers, 50% penetration, 10.0 miles of plant completed and 10.5 total route miles in franchise area.

Should you serve more localities than space provided, please make additional copies of page 2b.

	A.	B.	C.	D.	E.
	<u>Name of Franchise or Area Served</u>	<u>Number of Subscribers</u>	<u>Estimated Percentage of Penetration</u>	<u>Total Miles of Plant Completed</u>	<u>Total Route Miles in Franchise Area</u>
a)	<u>V. Anywhere</u>	<u>100</u>	<u>50.0</u>	<u>10.0</u>	<u>10.5</u>
1)	<u>V. Warwick</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>
2)	<u>T. Warwick</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>
3)	<u>V. Florida</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>
4)	<u>V. Greenwood Lake</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>
	<u>(Sub) TOTAL</u>	<u>0</u>		<u>0.0</u>	<u>0.0</u>

- A) Identify whether a locality is a city, town, or village by using the following codes: 'C' - City, 'T' - Town and 'V' - Village preceding the locality's name. B) Total amount of first or primary outlets not to include additional outlets or other services. C) % of penetration - number in column B divided by number of homes passed. E) Total Miles of Plant required to be constructed in municipality.

	A.	B.	C.	D.	E.
	<u>Name of Franchise or Area Served</u>	<u>Number of Subscribers</u>	<u>Estimated Percentage of Penetration</u>	<u>Total Miles of Plant Completed</u>	<u>Total Route Miles in Franchise Area</u>
a)	SAMPLE V. Anywhere	100	50.0	10.0	10.5
5)	V. Chester	-	-	-	-
6)	T. Chester	-	-	-	-
7)	T. Minisink	-	-	-	-
8)	T. Greenville	-	-	-	-
9)	V. Unionville	-	-	-	-
10)	T. Wawayanda	-	-	-	-
11)					
12)					
13)					
14)					
15)					
16)					
17)					
18)					
19)					
20)					
21)					
22)					
23)					
24)					
25)					
	TOTALS	0		0.0	0.0

3. At any time during the reporting period did the reporting company own or control 20% or more of another company?

YES _____ NO X

If yes list the name of the companies held.

<u>Name of Company Owned</u>	<u>Percent of Ownership</u>	<u>Included In Part III Yes \ No</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

4 Did another reporting company own or control 20% or more of the reporting company during the reporting period?

YES _____ X _____ NO _____

If yes, list the name of the companies having ownership.

<u>Name of Company</u>	<u>Percent of Ownership</u>
<u>CSC TKR, LLC</u>	<u>100%</u>
_____	_____
_____	_____

Cablevision of Warwick, LLC

CERTIFICATION

I certify that I have examined this report and that all statements of fact contained therein are true, complete, and correct to the best of my knowledge, information, and belief and that nothing material has occurred that would require explanation that has not been explained.



Signature

S.V.P. Controller Cable & Technical Accounting
Title

Layth Taki
Printed Name of Signer

03-21-14
Date Signed

NOTE: PLEASE MAIL THIS FORM TO:

**NEW YORK STATE
DEPARTMENT OF PUBLIC SERVICE**

**COMMUNICATIONS DIVISION
OFFICE OF ACCOUNTING AND FINANCE
THREE EMPIRE STATE PLAZA
ALBANY, N.Y. 12223**

FORM AFR-1

Annual Financial Report for Period Beginning January 1, 2013 and
ending December 31, 2013.

Name: Cablevision of Rockland / Ramapo, LLC
Full Name of Cable Television Company

Address: 1111 Stewart Ave
Mailing Address

<u>Bethpage</u>	<u>N.Y.</u>	<u>11714</u>
<i>City</i>	<i>State</i>	<i>Zip Code</i>

(516) 803 -1469 (516) 803 -2644
Telephone No. (Include Area Code) ***Fax No. (Include Area Code)***

Business Entity: Limited Liability Company
***(Indicate if a) Sole proprietorship; Partnership;
Limited Partnership; Corporation; Subchapter S
Corporation; Not for profit Corporation; other
(describe).***

PART I

To Whom Should Correspondence and Inquiries Concerning This Report Be Addressed?

<u>Mr. Layth Taki</u> Name	<u>1111 Stewart Ave.</u> Mailing Address
<u>SVP Controller Cable & Technical Accounting</u> Title	<u>Bethpage</u> <u>New York</u> City State
<u>(516) 803 - 1469</u> Phone Number (Include Area Code)	<u>11714</u> Zip Code

2. List below the name of each locality granting a franchise and each geographic area you serve in which a franchise has not been granted. In addition provide information for each municipality and area served as indicated on table below. Indicate operation in a non - franchised area by placing the letter "N" after the area served.

A decimal point has been provided in columns C, D, and E for fractional numbers. All fractional numbers should be rounded to the nearest tenth.

An illustration is provided for the correct method for filling out the demographic information. The Village of Anywhere has 100 subscribers, 50% penetration, 10.0 miles of plant completed and 10.5 total route miles in franchise area.

Should you serve more localities than space provided, please make additional copies of page 2b.

	A.	B.	C.	D.	E.
	<u>Name of Franchise or Area Served</u>	<u>Number of Subscribers</u>	<u>Estimated Percentage of Penetration</u>	<u>Total Miles of Plant Completed</u>	<u>Total Route Miles in Franchise Area</u>
a)	<u>SAMPLE V. Anywhere</u>	<u>100</u>	<u>50.0</u>	<u>10.0</u>	<u>10.5</u>
1)	<u>V. HILLBURN</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>
2)	<u>T. RAMAPO CORRIDOF</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>
3)	<u>V. SLOATSBURG</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>
4)	<u>V. SUFFERN</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>
	<u>(Sub) TOTAL</u>	<u>0</u>		<u>0.0</u>	<u>0.0</u>

- A) Identify whether a locality is a city, town, or village by using the following codes: 'C' - City, 'T' - Town and 'V' - Village preceding the locality's name. B) Total amount of first or primary outlets not to include additional outlets or other services. C) % of penetration - number in column B divided by number of homes passed. E) Total Miles of Plant required to be constructed in municipality.

	A.	B.	C.	D.	E.
	<u>Name of Franchise or Area Served</u>	<u>Number of Subscribers</u>	<u>Estimated Percentage of Penetration</u>	<u>Total Miles of Plant Completed</u>	<u>Total Route Miles in Franchise Area</u>
a)	SAMPLE V. Anywhere	100	50.0	10.0	10.5
5)	V. TUXEDO PARK	-	-	-	-
6)	T. TUXEDO	-	-	-	-
7)	V. AIRMONT	-	-	-	-
8)	V. CHESTNUT RIDGE	-	-	-	-
9)	T. CLARKSTOWN	-	-	-	-
10)	T. GRANDVIEW ON THE HUDSON	-	-	-	-
11)	V. MONTEBELLO	-	-	-	-
12)	V. NEW HEMPSTEAD	-	-	-	-
13)	V. NYACK	-	-	-	-
14)	T. ORANGETOWN	-	-	-	-
15)	V. PIERMONT	-	-	-	-
16)	T. RAMAPO	-	-	-	-
17)	V. SOUTH NYACK	-	-	-	-
18)	V. SPRING VALLEY	-	-	-	-
19)	V. UPPER NYACK	-	-	-	-
20)	V. WESLEY HILLS	-	-	-	-
21)					
22)					
23)					
24)					
25)					
	TOTALS	0		0.0	0.0

3. At any time during the reporting period did the reporting company own or control 20% or more of another company?

YES _____ NO X

If yes list the name of the companies held.

<u>Name of Company Owned</u>	<u>Percent of Ownership</u>	<u>Included In Part III Yes \ No</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

4 Did another reporting company own or control 20% or more of the reporting company during the reporting period?

YES _____ X _____ NO _____

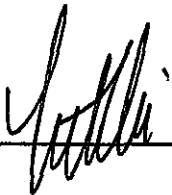
If yes, list the name of the companies having ownership.

<u>Name of Company</u>	<u>Percent of Ownership</u>
<u>CSC TKR, LLC</u>	<u>100%</u>
_____	_____
_____	_____

Cablevision of Rockland/Ramapo, LLC

CERTIFICATION

I certify that I have examined this report and that all statements of fact contained therein are true, complete, and correct to the best of my knowledge, information, and belief and that nothing material has occurred that would require explanation that has not been explained.



Signature

S.V.P. Controller Cable & Technical Accounting
Title

Layth Taki
Printed Name of Signer

03-21-14
Date Signed

NOTE: PLEASE MAIL THIS FORM TO:

**NEW YORK STATE
DEPARTMENT OF PUBLIC SERVICE
COMMUNICATIONS DIVISION
OFFICE OF ACCOUNTING AND FINANCE
THREE EMPIRE STATE PLAZA
ALBANY, N.Y. 12223**

FORM AFR-1

Annual Financial Report for Period Beginning January 1, 2013 and
ending December 31, 2013.

Name: Cablevision of Brookhaven, Inc.
Full Name of Cable Television Company

Address: 1111 Stewart Ave
Mailing Address

Bethpage N.Y. 11714
City *State* *Zip Code*

(516) 803 -1469 (516) 803 -2644
Telephone No. (Include Area Code) *Fax No. (Include Area Code)*

Business Entity: Corporation
(Indicate if a) Sole proprietorship; Partnership;
Limited Partnership; Corporation; Subchapter S
Corporation; Not for profit Corporation; other
(describe).

PART I

To Whom Should Correspondence and Inquiries Concerning This Report Be Addressed?

<u>Mr. Layth Taki</u> Name	<u>1111 Stewart Ave.</u> Mailing Address
<u>SVP Controller Cable & Technical Accounting</u> Title	<u>Bethpage</u> <u>New York</u> City State
<u>(516) 803 - 1469</u> Phone Number (Include Area Code)	<u>11714</u> Zip Code

2. List below the name of each locality granting a franchise and each geographic area you serve in which a franchise has not been granted. In addition provide information for each municipality and area served as indicated on table below. Indicate operation in a non - franchised area by placing the letter "N" after the area served.

A decimal point has been provided in columns C, D, and E for fractional numbers. All fractional numbers should be rounded to the nearest tenth.

An illustration is provided for the correct method for filling out the demographic information. The Village of Anywhere has 100 subscribers, 50% penetration, 10.0 miles of plant completed and 10.5 total route miles in franchise area.

Should you serve more localities than space provided, please make additional copies of page 2b.

	A.	B.	C.	D.	E.
	<u>Name of Franchise or Area Served</u>	<u>Number of Subscribers</u>	<u>Estimated Percentage of Penetration</u>	<u>Total Miles of Plant Completed</u>	<u>Total Route Miles in Franchise Area</u>
a)	<u>SAMPLE V. Anywhere</u>	<u>100</u>	<u>50.0</u>	<u>10.0</u>	<u>10.5</u>
1)	<u>V. PATCHOGUE</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>
2)	<u>V. LAKE GROVE</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>
3)	<u>V. BELLPORT</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>
4)	<u>V. POQUOTT</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>
	<u>(Sub) TOTAL</u>	<u>0</u>		<u>0.0</u>	<u>0.0</u>

- A) Identify whether a locality is a city, town, or village by using the following codes: 'C' - City, 'T' - Town and 'V' - Village preceding the locality's name. B) Total amount of first or primary outlets not to include additional outlets or other services. C) % of penetration - number in column B divided by number of homes passed. E) Total Miles of Plant required to be constructed in municipality.

	A.	B.	C.	D.	E.
	<u>Name of Franchise or Area Served</u>	<u>Number of Subscribers</u>	<u>Estimated Percentage of Penetration</u>	<u>Total Miles of Plant Completed</u>	<u>Total Route Miles in Franchise Area</u>
a)	SAMPLE V. Anywhere	100	50.0	10.0	10.5
5)	T. BROOKHAVEN	-	-	-	-
6)	V. MASTIC BEACH	-	-	-	-
7)					
8)					
9)					
10)					
11)					
12)					
13)					
14)					
15)					
16)					
17)					
18)					
19)					
20)					
21)					
22)					
23)					
24)					
25)					
	TOTALS	0		0.0	0.0

3. At any time during the reporting period did the reporting company own or control 20% or more of another company?

YES _____ NO X

If yes list the name of the companies held.

<u>Name of Company Owned</u>	<u>Percent of Ownership</u>	<u>Included In Part III Yes \ No</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

4 Did another reporting company own or control 20% or more of the reporting company during the reporting period?


YES _____ X _____ NO _____

If yes, list the name of the companies having ownership.

<u>Name of Company</u>	<u>Percent of Ownership</u>
<u>CSC Holdings, LLC</u>	<u>100%</u>
_____	_____
_____	_____

CERTIFICATION

I certify that I have examined this report and that all statements of fact contained therein are true, complete, and correct to the best of my knowledge, information, and belief and that nothing material has occurred that would require explanation that has not been explained.



Signature

S.V.P. Controller Cable & Technical Accounting
Title

Layth Taki
Printed Name of Signer

03-21-14
Date Signed

NOTE: PLEASE MAIL THIS FORM TO:

**NEW YORK STATE
DEPARTMENT OF PUBLIC SERVICE**

**COMMUNICATIONS DIVISION
OFFICE OF ACCOUNTING AND FINANCE
THREE EMPIRE STATE PLAZA
ALBANY, N.Y. 12223**

FORM AFR-1

Annual Financial Report for Period Beginning January 1, 2013 and
ending December 31, 2013.

Name: Cablevision of Southern Westchester, Inc.
Full Name of Cable Television Company

Address: 1111 Stewart Ave
Mailing Address

Bethpage N.Y. 11714
City State Zip Code

(516) 803 -1469 (516) 803 -2644
Telephone No. (Include Area Code) Fax No. (Include Area Code)

Business Entity: Corporation
*(Indicate if a) Sole proprietorship; Partnership;
Limited Partnership; Corporation; Subchapter S
Corporation; Not for profit Corporation; other
(describe).*

PART I

To Whom Should Correspondence and Inquiries Concerning This Report Be Addressed?

<u>Mr. Layth Taki</u> Name	<u>1111 Stewart Ave.</u> Mailing Address
<u>SVP Controller Cable & Technical Accounting</u> Title	<u>Bethpage</u> <u>New York</u> City State
<u>(516) 803 - 1469</u> Phone Number (Include Area Code)	<u>11714</u> Zip Code

2. List below the name of each locality granting a franchise and each geographic area you serve in which a franchise has not been granted. In addition provide information for each municipality and area served as indicated on table below. Indicate operation in a non - franchised area by placing the letter "N" after the area served.

A decimal point has been provided in columns C, D, and E for fractional numbers. All fractional numbers should be rounded to the nearest tenth.

An illustration is provided for the correct method for filling out the demographic information. The Village of Anywhere has 100 subscribers, 50% penetration, 10.0 miles of plant completed and 10.5 total route miles in franchise area.

Should you serve more localities than space provided, please make additional copies of page 2b.

	A.	B.	C.	D.	E.
	<u>Name of Franchise or Area Served</u>	<u>Number of Subscribers</u>	<u>Estimated Percentage of Penetration</u>	<u>Total Miles of Plant Completed</u>	<u>Total Route Miles in Franchise Area</u>
a)	<u>V. Anywhere</u>	<u>100</u>	<u>50.0</u>	<u>10.0</u>	<u>10.5</u>
<hr/>					
1)	<u>V. ARDSLEY</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>
2)	<u>V. BRONXVILLE</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>
3)	<u>V. DOBBS FERRY</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>
4)	<u>T. EASTCHESTER</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>
	<u>(Sub) TOTAL</u>	<u>0</u>		<u>0.0</u>	<u>0.0</u>

- A) Identify whether a locality is a city, town, or village by using the following codes: 'C' - City, 'T' - Town and 'V' - Village preceding the locality's name. B) Total amount of first or primary outlets not to include additional outlets or other services. C) % of penetration - number in column B divided by number of homes passed. E) Total Miles of Plant required to be constructed in municipality.

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	<u>Name of Franchise or Area Served</u>	<u>Number of Subscribers</u>	<u>Estimated Percentage of Penetration</u>	<u>Total Miles of Plant Completed</u>	<u>Total Route Miles in Franchise Area</u>
a)	SAMPLE V. Anywhere	100	50.0	10.0	10.5
5)	V. ELMSFORD	-	-	-	-
6)	T. GREENBURGH	-	-	-	-
7)	V. HASTINGS- ON-HUDSON	-	-	-	-
8)	V. IRVINGTON	-	-	-	-
9)	V. MAMARONECK	-	-	-	-
10)	T. MOUNT PLEASANT	-	-	-	-
11)	C. NEW ROCHELLE	-	-	-	-
12)	T. NORTH CASTLE	-	-	-	-
13)	V. PELHAM	-	-	-	-
14)	V. PELHAM MANOR	-	-	-	-
15)	V. PORTCHESTER	-	-	-	-
16)	C. RYE	-	-	-	-
17)	V. RYE BROOK	-	-	-	-
18)	V. SCARSDALE	-	-	-	-
19)	V. TUCKAHOE	-	-	-	-
20)	C. WHITE PLAINS	-	-	-	-
21)	C. YONKERS	-	-	-	-
22)					
23)					
24)					
25)					
	TOTALS	0		0.0	0.0

3. At any time during the reporting period did the reporting company own or control 20% or more of another company?

YES _____ NO X

If yes list the name of the companies held.

<u>Name of Company Owned</u>	<u>Percent of Ownership</u>	<u>Included In Part III Yes \ No</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
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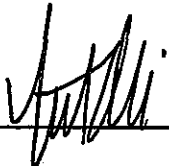
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_____	_____

CERTIFICATION

I certify that I have examined this report and that all statements of fact contained therein are true, complete, and correct to the best of my knowledge, information, and belief and that nothing material has occurred that would require explanation that has not been explained.



Signature

S.V.P. Controller Cable & Technical Accounting
Title

Layth Taki
Printed Name of Signer

03-21-14
Date Signed

NOTE: PLEASE MAIL THIS FORM TO:

**NEW YORK STATE
DEPARTMENT OF PUBLIC SERVICE**

**COMMUNICATIONS DIVISION
OFFICE OF ACCOUNTING AND FINANCE
THREE EMPIRE STATE PLAZA
ALBANY, N.Y. 12223**

FORM AFR-1

Annual Financial Report for Period Beginning January 1, 2013 and ending December 31, 2013.

Name: Cablevision of Wappingers Falls, Inc.
Full Name of Cable Television Company

Address: 1111 Stewart Ave
Mailing Address

<u>Bethpage</u>	<u>N.Y.</u>	<u>11714</u>
<i>City</i>	<i>State</i>	<i>Zip Code</i>

<u>(516) 803 -1469</u>	<u>(516) 803 -2644</u>
<i>Telephone No. (Include Area Code)</i>	<i>Fax No. (Include Area Code)</i>

Business Entity: Corporation
(Indicate if a) Sole proprietorship; Partnership; Limited Partnership; Corporation; Subchapter S Corporation; Not for profit Corporation; other (describe).

PART I

To Whom Should Correspondence and Inquiries Concerning This Report Be Addressed?

Mr. Layth Taki
Name

1111 Stewart Ave.
Mailing Address

SVP Controller Cable & Technical Accounting
Title

Bethpage New York
City State

(516) 803 - 1469
Phone Number (Include Area Code)

11714
Zip Code

2. List below the name of each locality granting a franchise and each geographic area you serve in which a franchise has not been granted. In addition provide information for each municipality and area served as indicated on table below. Indicate operation in a non - franchised area by placing the letter "N" after the area served.

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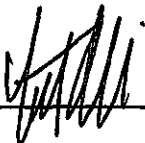
	A.	B.	C.	D.	E.
	<u>Name of Franchise or Area Served</u>	<u>Number of Subscribers</u>	<u>Estimated Percentage of Penetration</u>	<u>Total Miles of Plant Completed</u>	<u>Total Route Miles in Franchise Area</u>
a)	<u>SAMPLE</u> <u>V. Anywhere</u>	<u>100</u>	<u>50.0</u>	<u>10.0</u>	<u>10.5</u>
1)	<u>City of Beacon</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>
2)	<u>Town of East Fishkill</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>
3)	<u>Village of Fishkill</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>
4)	<u>Town of Fishkill</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>
	<u>(Sub) TOTAL</u>	<u>0</u>		<u>0.0</u>	<u>0.0</u>

- A) Identify whether a locality is a city, town, or village by using the following codes: 'C' - City, 'T' - Town and 'V' - Village preceding the locality's name. B) Total amount of first or primary outlets not to include additional outlets or other services. C) % of penetration - number in column B divided by number of homes passed. E) Total Miles of Plant required to be constructed in municipality.

	A.	B.	C.	D.	E.
	<u>Name of Franchise or Area Served</u>	<u>Number of Subscribers</u>	<u>Estimated Percentage of Penetration</u>	<u>Total Miles of Plant Completed</u>	<u>Total Route Miles in Franchise Area</u>
a)	<u>SAMPLE V. Anywhere</u>	<u>100</u>	<u>50.0</u>	<u>10.0</u>	<u>10.5</u>
5)	<u>Town of Hyde Park</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>
6)	<u>Town of La Grange</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>
7)	<u>Vill of Wappinger Falls</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>
8)	<u>Town of Poughkeepsie</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>
9)	<u>Vill of Wappinger Falls</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>
10)	<u>Town of Wappinger</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>
11)	<u>City of Newburgh</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>
12)	<u>Town of Blooming Grove</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>
13)	<u>Town of Cornwall</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>
14)	<u>Village of Monroe</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>
15)	<u>Village of Harriman</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>
16)	<u>Town of Monroe</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>
17)	<u>Town of Newburgh</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>
18)	<u>Town of New Windsor</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>
19)	<u>Village of Harriman</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>
20)	<u>Town of Woodbury</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>
21)	<u>Village of Cold Spring</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>
22)	<u>Village of Nelsonville</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>
23)	<u>Town of Philipstown</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>
24)	<u>Town of Lloyd</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>
25)	<u>Town of Marlboro</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>
26)	<u>Town of Plattekill</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>
27)	<u>Town of Milan</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>
28)	<u>Town of Esopus</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>
		<u>0</u>		<u>-</u>	<u>-</u>

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S.V.P. Controller Cable & Technical Accounting
Title

Layth Taki
Printed Name of Signer

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Date Signed

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**COMMUNICATIONS DIVISION
OFFICE OF ACCOUNTING AND FINANCE
THREE EMPIRE STATE PLAZA
ALBANY, N.Y. 12223**

FORM AFR-1

Annual Financial Report for Period Beginning January 1, 2013 and ending December 31, 2013.

Name: Cablevision of Ossining Limited Partnership
Full Name of Cable Television Company

Address: 1111 Stewart Ave
Mailing Address

Bethpage N.Y. 11714
City State Zip Code

(516) 803 -1469 (516) 803 -2644
Telephone No. (Include Area Code) Fax No. (Include Area Code)

Business Entity: Limited Partnership
(Indicate if a) Sole proprietorship; Partnership; Limited Partnership; Corporation; Subchapter S Corporation; Not for profit Corporation; other (describe).

PART I

To Whom Should Correspondence and Inquiries Concerning This Report Be Addressed?

<u>Mr. Layth Taki</u> Name	<u>1111 Stewart Ave.</u> Mailing Address
<u>SVP Controller Cable & Technical Accounting</u> Title	<u>Bethpage</u> <u>New York</u> City State
<u>(516) 803 - 1469</u> Phone Number (Include Area Code)	<u>11714</u> Zip Code

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Should you serve more localities than space provided, please make additional copies of page 2b.

	A.	B.	C.	D.	E.
	<u>Name of Franchise or Area Served</u>	<u>Number of Subscribers</u>	<u>Estimated Percentage of Penetration</u>	<u>Total Miles of Plant Completed</u>	<u>Total Route Miles in Franchise Area</u>
a)	SAMPLE <u>V. Anywhere</u>	<u>100</u>	<u>50.0</u>	<u>10.0</u>	<u>10.5</u>
1)	<u>Town of Philipstown</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>
2)	<u>Village of Haverstraw</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>
3)	<u>Village of Pomona</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>
4)	<u>Town of Haverstraw</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>
	(Sub) TOTAL	<u>0</u>		<u>0.0</u>	<u>0.0</u>

- A) Identify whether a locality is a city, town, or village by using the following codes: 'C' - City, 'T' - Town and 'V' - Village preceding the locality's name. B) Total amount of first or primary outlets not to include additional outlets or other services. C) % of penetration - number in column B divided by number of homes passed. E) Total Miles of Plant required to be constructed in municipality.

	A.	B.	C.	D.	E.
	<u>Name of Franchise or Area Served</u>	<u>Number of Subscribers</u>	<u>Estimated Percentage of Penetration</u>	<u>Total Miles of Plant Completed</u>	<u>Total Route Miles in Franchise Area</u>
a)	SAMPLE <u>V. Anywhere</u>	100	50.0	10.0	10.5
5)	<u>Village of Pomona</u>	-	-	-	-
6)	<u>Town of Stony Point</u>	-	-	-	-
7)	<u>City of Peekskill</u>	-	-	-	-
8)	<u>Town of Bedford</u>	-	-	-	-
9)	<u>Village of Buchanan</u>	-	-	-	-
10)	<u>Vill of Croton on Hudson</u>	-	-	-	-
11)	<u>Town of Cortlandt</u>	-	-	-	-
12)	<u>Village of Tarrytown</u>	-	-	-	-
13)	<u>Vill of Sleepy Hollow</u>	-	-	-	-
14)	<u>Vill of Pleasantville</u>	-	-	-	-
15)	<u>Vill of Briarcliff Manor</u>	-	-	-	-
16)	<u>Town of Mt Pleasant</u>	-	-	-	-
17)	<u>Town of New Castle</u>	-	-	-	-
18)	<u>Vill of Briarcliff Manor</u>	-	-	-	-
19)	<u>Village of Ossining</u>	-	-	-	-
20)	<u>Town of Ossining</u>	-	-	-	-
21)	<u>Vill of W Haverstraw</u>	-	-	-	-
22)					
23)					
24)					
25)					
	TOTALS	0		-	-

3. At any time during the reporting period did the reporting company own or control 20% or more of another company?

YES _____ NO X

If yes list the name of the companies held.

<u>Name of Company Owned</u>	<u>Percent of Ownership</u>	<u>Included In Part III Yes \ No</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

4 Did another reporting company own or control 20% or more of the reporting company during the reporting period?

YES X NO _____

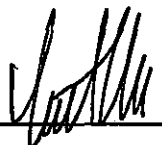
If yes, list the name of the companies having ownership.

<u>Name of Company</u>	<u>Percent of Ownership</u>
<u>Cablevision of Wappingers Falls, Inc.</u>	<u>99%</u>
_____	_____
_____	_____

Cablevision of Ossining Limited Partnership

CERTIFICATION

I certify that I have examined this report and that all statements of fact contained therein are true, complete, and correct to the best of my knowledge, information, and belief and that nothing material has occurred that would require explanation that has not been explained.



Signature

S.V.P. Controller Cable & Technical Accounting
Title

Layth Taki
Printed Name of Signer

03-21-14
Date Signed

NOTE: PLEASE MAIL THIS FORM TO:

**NEW YORK STATE
DEPARTMENT OF PUBLIC SERVICE**

**COMMUNICATIONS DIVISION
OFFICE OF ACCOUNTING AND FINANCE
THREE EMPIRE STATE PLAZA
ALBANY, N.Y. 12223**

FORM AFR-1

Annual Financial Report for Period Beginning January 1, 2013 and
ending December 31, 2013.

Name: Suffolk Cable of Smithtown, Inc.
Full Name of Cable Television Company

Address: 1111 Stewart Ave
Mailing Address

<u>Bethpage</u>	<u>N.Y.</u>	<u>11714</u>
<i>City</i>	<i>State</i>	<i>Zip Code</i>

<u>(516) 803 -1469</u>	<u>(516) 803 -2644</u>
<i>Telephone No. (Include Area Code)</i>	<i>Fax No. (Include Area Code)</i>

Business Entity: Corporation
*(Indicate if a) Sole proprietorship; Partnership;
Limited Partnership; Corporation; Subchapter S
Corporation; Not for profit Corporation; other
(describe).*

PART I

To Whom Should Correspondence and Inquiries Concerning This Report Be Addressed?

Mr. Layth Taki
Name

1111 Stewart Ave.
Mailing Address

SVP Controller Cable & Technical Accounting
Title

Bethpage New York
City State

(516) 803 - 1469
Phone Number (Include Area Code)

11714
Zip Code

2. List below the name of each locality granting a franchise and each geographic area you serve in which a franchise has not been granted. In addition provide information for each municipality and area served as indicated on table below. Indicate operation in a non - franchised area by placing the letter "N" after the area served.

A decimal point has been provided in columns C, D, and E for fractional numbers. All fractional numbers should be rounded to the nearest tenth.

An illustration is provided for the correct method for filling out the demographic information. The Village of Anywhere has 100 subscribers, 50% penetration, 10.0 miles of plant completed and 10.5 total route miles in franchise area.

Should you serve more localities than space provided, please make additional copies of page 2b.

	A.	B.	C.	D.	E.
	<u>Name of Franchise or Area Served</u>	<u>Number of Subscribers</u>	<u>Estimated Percentage of Penetration</u>	<u>Total Miles of Plant Completed</u>	<u>Total Route Miles in Franchise Area</u>
a)	<u>SAMPLE V. Anywhere</u>	<u>100</u>	<u>50.0</u>	<u>10.0</u>	<u>10.5</u>
1)	<u>T. Smithtown</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>
2)	<u>V. Head of the Harbor</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>
3)	<u>V. Nissequogue</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>
4)	<u>V. Of The Branch</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>
	<u>(Sub) TOTAL</u>	<u>0</u>		<u>0.0</u>	<u>0.0</u>

- A) Identify whether a locality is a city, town, or village by using the following codes: 'C' - City, 'T' - Town and 'V' - Village preceding the locality's name. B) Total amount of first or primary outlets not to include additional outlets or other services. C) % of penetration - number in column B divided by number of homes passed. E) Total Miles of Plant required to be constructed in municipality.

3. At any time during the reporting period did the reporting company own or control 20% or more of another company?

YES _____ NO X

If yes list the name of the companies held.

<u>Name of Company Owned</u>	<u>Percent of Ownership</u>	<u>Included In Part III Yes \ No</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

4 Did another reporting company own or control 20% or more of the reporting company during the reporting period?


YES _____ X _____ NO _____

If yes, list the name of the companies having ownership.

<u>Name of Company</u>	<u>Percent of Ownership</u>
<u>Petra Cablevision Corp.</u>	<u>100%</u>
_____	_____
_____	_____

CERTIFICATION

I certify that I have examined this report and that all statements of fact contained therein are true, complete, and correct to the best of my knowledge, information, and belief and that nothing material has occurred that would require explanation that has not been explained.



Signature

S.V.P. Controller Cable & Technical Accounting
Title

Layth Taki

Printed Name of Signer

03-21-14

Date Signed

NOTE: PLEASE MAIL THIS FORM TO:

NEW YORK STATE
DEPARTMENT OF PUBLIC SERVICE

COMMUNICATIONS DIVISION
OFFICE OF ACCOUNTING AND FINANCE
THREE EMPIRE STATE PLAZA
ALBANY, N.Y. 12223

FORM AFR-1

Annual Financial Report for Period Beginning January 1, 2013 and
ending December 31, 2013.

Name: Samson Cablevision Corp.
Full Name of Cable Television Company

Address: 1111 Stewart Ave
Mailing Address

<u>Bethpage</u>	<u>N.Y.</u>	<u>11714</u>
<i>City</i>	<i>State</i>	<i>Zip Code</i>

<u>(516) 803 -1469</u>	<u>(516) 803 -2644</u>
<i>Telephone No. (Include Area Code)</i>	<i>Fax No. (Include Area Code)</i>

Business Entity: Corporation
***(Indicate if a Sole proprietorship; Partnership;
Limited Partnership; Corporation; Subchapter S
Corporation; Not for profit Corporation; other
(describe).***

PART I

To Whom Should Correspondence and Inquiries Concerning This Report Be Addressed?

<u>Mr. Layth Taki</u> Name	<u>1111 Stewart Ave.</u> Mailing Address
<u>SVP Controller Cable & Technical Accounting</u> Title	<u>Bethpage</u> <u>New York</u> City State
<u>(516) 803 - 1469</u> Phone Number (Include Area Code)	<u>11714</u> Zip Code

2. List below the name of each locality granting a franchise and each geographic area you serve in which a franchise has not been granted. In addition provide information for each municipality and area served as indicated on table below. Indicate operation in a non - franchised area by placing the letter "N" after the area served.

A decimal point has been provided in columns C, D, and E for fractional numbers. All fractional numbers should be rounded to the nearest tenth.

An illustration is provided for the correct method for filling out the demographic information. The Village of Anywhere has 100 subscribers, 50% penetration, 10.0 miles of plant completed and 10.5 total route miles in franchise area.

Should you serve more localities than space provided, please make additional copies of page 2b.

	A.	B.	C.	D.	E.
	<u>Name of Franchise or Area Served</u>	<u>Number of Subscribers</u>	<u>Estimated Percentage of Penetration</u>	<u>Total Miles of Plant Completed</u>	<u>Total Route Miles in Franchise Area</u>
a)	<u>SAMPLE V. Anywhere</u>	<u>100</u>	<u>50.0</u>	<u>10.0</u>	<u>10.5</u>
1)	<u>T. Islip</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>
2)	<u>V. Brightwaters</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>
3)	<u>V. Islandia</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>
4)	<u>_____</u>	<u>_____</u>	<u>_____</u>	<u>_____</u>	<u>_____</u>
	<u>(Sub) TOTAL</u>	<u>0</u>	<u>0.0</u>	<u>0.0</u>	<u>0.0</u>

- A) Identify whether a locality is a city, town, or village by using the following codes: 'C' - City, 'T' - Town and 'V' - Village preceding the locality's name. B) Total amount of first or primary outlets not to include additional outlets or other services. C) % of penetration - number in column B divided by number of homes passed. E) Total Miles of Plant required to be constructed in municipality.

3. At any time during the reporting period did the reporting company own or control 20% or more of another company?

YES _____ NO X

If yes list the name of the companies held.

<u>Name of Company Owned</u>	<u>Percent of Ownership</u>	<u>Included In Part III Yes \ No</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

4 Did another reporting company own or control 20% or more of the reporting company during the reporting period?

YES _____ X _____ NO _____

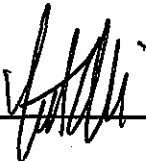
If yes, list the name of the companies having ownership.

<u>Name of Company</u>	<u>Percent of Ownership</u>
<u>Petra Cablevision Corp.</u>	<u>100%</u>
_____	_____
_____	_____

Samson Cablevision Corp.

CERTIFICATION

I certify that I have examined this report and that all statements of fact contained therein are true, complete, and correct to the best of my knowledge, information, and belief and that nothing material has occurred that would require explanation that has not been explained.



Signature

S.V.P. Controller Cable & Technical Accounting
Title

Layth Taki
Printed Name of Signer

03-21-14
Date Signed

NOTE: PLEASE MAIL THIS FORM TO:

**NEW YORK STATE
DEPARTMENT OF PUBLIC SERVICE**

**COMMUNICATIONS DIVISION
OFFICE OF ACCOUNTING AND FINANCE
THREE EMPIRE STATE PLAZA
ALBANY, N.Y. 12223**

FORM AFR-1

Annual Financial Report for Period Beginning January 1, 2013 and
ending December 31, 2013.

Name: Suffolk Cable of Shelter Island, Inc.
Full Name of Cable Television Company

Address: 1111 Stewart Ave
Mailing Address

<u>Bethpage</u>	<u>N.Y.</u>	<u>11714</u>
<i>City</i>	<i>State</i>	<i>Zip Code</i>
<u>(516) 803 -1469</u>	<u>(516) 803 -2644</u>	
<i>Telephone No. (Include Area Code)</i>	<i>Fax No. (Include Area Code)</i>	

Business Entity: Corporation
***(Indicate if a) Sole proprietorship; Partnership;
Limited Partnership; Corporation; Subchapter S
Corporation; Not for profit Corporation; other
(describe).***

PART I

To Whom Should Correspondence and Inquiries Concerning This Report Be Addressed?

Mr. Layth Taki
Name

1111 Stewart Ave.
Mailing Address

SVP Controller Cable & Technical Accounting
Title

Bethpage New York
City State

(516) 803 - 1469
Phone Number (Include Area Code)

11714
Zip Code

2. List below the name of each locality granting a franchise and each geographic area you serve in which a franchise has not been granted. In addition provide information for each municipality and area served as indicated on table below. Indicate operation in a non - franchised area by placing the letter "N" after the area served.

A decimal point has been provided in columns C, D, and E for fractional numbers. All fractional numbers should be rounded to the nearest tenth.

An illustration is provided for the correct method for filling out the demographic information. The Village of Anywhere has 100 subscribers, 50% penetration, 10.0 miles of plant completed and 10.5 total route miles in franchise area.

Should you serve more localities than space provided, please make additional copies of page 2b.

	A.	B.	C.	D.	E.
	<u>Name of Franchise or Area Served</u>	<u>Number of Subscribers</u>	<u>Estimated Percentage of Penetration</u>	<u>Total Miles of Plant Completed</u>	<u>Total Route Miles in Franchise Area</u>
a)	<u>SAMPLE</u> <u>V. Anywhere</u>	<u>100</u>	<u>50.0</u>	<u>10.0</u>	<u>10.5</u>
1)	<u>T. Shelter Island</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>
2)	<u>V. Dering Harbor</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>
3)	<u>V. North Haven</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>
4)	<u>_____</u>	<u>_____</u>	<u>_____</u>	<u>_____</u>	<u>_____</u>
	<u>(Sub) TOTAL</u>	<u>0</u>	<u>_____</u>	<u>0.0</u>	<u>0.0</u>

- A) Identify whether a locality is a city, town, or village by using the following codes: 'C' - City, 'T' - Town and 'V' - Village preceding the locality's name. B) Total amount of first or primary outlets not to include additional outlets or other services. C) % of penetration - number in column B divided by number of homes passed. E) Total Miles of Plant required to be constructed in municipality.

3. At any time during the reporting period did the reporting company own or control 20% or more of another company?

YES _____ NO X

If yes list the name of the companies held.

<u>Name of Company Owned</u>	<u>Percent of Ownership</u>	<u>Included In Part III Yes \ No</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

4 Did another reporting company own or control 20% or more of the reporting company during the reporting period?


YES _____ X _____ NO _____

If yes, list the name of the companies having ownership.

<u>Name of Company</u>	<u>Percent of Ownership</u>
<u>Petra Cablevision Corp.</u>	<u>100%</u>
_____	_____
_____	_____

CERTIFICATION

I certify that I have examined this report and that all statements of fact contained therein are true, complete, and correct to the best of my knowledge, information, and belief and that nothing material has occurred that would require explanation that has not been explained.



Signature

S.V.P. Controller Cable & Technical Accounting
Title

Layth Taki
Printed Name of Signer

03-21-14
Date Signed

-5-
PART II
STATEMENT OF PROFIT AND LOSS

<u>Line No.</u>	<u>Account No.</u>	<u>Name</u>	<u>Amounts</u>	
1.		Operating Income (1)		
2.	4110.0	Installation Income	\$	_____ -
3.	4120.0	Regular Subscriber Charges Charges (2)	\$	_____ -
4.	4130.0	Per Program or Per Channel Charges (3)	\$	_____ -
5.	4140.0	Other Subscriber Revenues	\$	_____ -
6.		Total Subscriber Revenues	\$	_____ -
7.	4210.0	Advertising Income	\$	_____ -
8.	4220.0	Special Service Income	\$	_____ -
9.	4230.0	Other Non-Subscriber Revenues	\$	_____ -
10.		Total Non-Subscriber Revenues	\$	_____ -
11.		Total Operating Revenue	\$	_____ -
12.		<u>Cost of Operations</u>		
13.	5100.0	Service Costs	\$	_____ -
14.	5200.0	Origination Costs	\$	_____ -
15.	5300.0	Selling, General and Administrative Expenses	\$	_____ -
16.	5400.0	Depreciation and Amortization	\$	_____ -
17.		Total Operating Costs	\$	_____ -
18.		<u>Total Operating Profit or (Loss)</u> <u>(Line 11 - Line 17)</u>	\$	_____ -

- 1) Report all revenue received on a gross basis using the accrual basis of accounting.
2) Report on this line Gross Revenue earned from regulated activities including; basic and cable programming service tiers, and equipment rentals and sales
3) Report on this line Gross Revenue earned from non-regulated services including remaining tiers, a la carte, and pay per view services.

STATEMENT OF PROFIT AND LOSS
(Con't)

<u>Line No.</u>	<u>Account No.</u>	<u>Name</u>	<u>Amounts</u>
19.		<u>Other Income and Expenses</u>	
20.		<u>Other Income</u>	
21.	6110.0	Interest	\$ _____ -
22.	6120.0	Dividends	\$ _____ -
23.	6130.0	Other	\$ _____ -
24.		Total Other Income	\$ _____ -
25.		<u>Other Expenses</u>	
26.	6210.0	Interest	\$ _____ -
27.	6220.	Miscellaneous	\$ _____ -
28.		Total Other Expense	\$ _____ -
29.		Total Other Income or (Expenses) (Line 24 - Line 28)	\$ _____ -
30.		<u>Profit or (Loss) Before Taxes</u> (Line 18 + or - Line 29)	\$ _____ -
31.		<u>Provision for Federal and State Income Taxes</u>	
32.	7100.0	Federal Income Taxes	\$ _____ -
33.	7200.0	State Income Taxes	\$ _____ -
34.		Total Income Taxes Payable	\$ _____ -
35.		<u>Total Profit or (Loss) Before Extraordinary Items</u> (Line 30 - Line 34)	\$ _____ -
36.	8000.0	Extraordinary Items (1)	\$ _____ -
37.		<u>Total Profit or (Loss)</u>	\$ _____ -

1)Report all revenue received on a gross basis using the accrual basis of accounting.
2)Report on this line Gross Revenues earned from Basic Service.
3)Report on this line Gross Revenue earned from Expanded Basic, Pay and Pay-Per-View Service.

Balance Sheet
Assets

Line No.	Acct No.	Name	Amounts
1	<u>Current Assets</u>		
2	1110.0	Cash	\$ _____ -
3	1120.0	Short -Term Investments	\$ _____ -
4	1130.0	Accts. Receivable - Trade	\$ _____ -
5	1139.0	Less: Allowance for Doubtful Accounts	\$ _____ -
6		Accounts Receivable - Net	\$ _____ -
7	1140.0	Other Receivables	\$ _____ -
8	1149.0	Less: Allowance for Doubtful Accounts	\$ _____ -
9		Other Receivables - Net	\$ _____ -
10	1150.0	Inventory	\$ _____ -
11	1160.0	Broadcasting Rights	\$ _____ -
12	1170.0	Prepaid Expenses	\$ _____ -
13	1180.0	Other Current Assets	\$ _____ -
14		Total Current Assets	\$ _____ -
15	<u>Plant Assets</u>		
16	1200.0	Fixed Assets	\$ _____ -
17	1300.0	Construction Work in Progress	\$ _____ -
18	1500.0	Plant Adjustments	\$ _____ -
19	1400.0	Less Allowance for Accumulated Depreciation and Amortization	\$ _____ -
20		Total Plant Assets	\$ _____ -
21	<u>Other Assets</u>		
22	1610.0	Intangible Assets	\$ _____ -
23	1620.0	Deferred Charges	\$ _____ -
24	1630.0	Long Term Investments	\$ _____ -
25	1640.0	Organizational Costs	\$ _____ -
26	1650.0	Other Assets	\$ _____ -
27		Total Other Assets	\$ _____ -
28		<u>Total Non-Current Assets</u> (Line 20 + Line 27)	\$ _____ -
29		<u>Total Assets (Line 14 + Line 28)</u>	\$ _____ -

Liabilities and Owners' Equity (1)

<u>Line No.</u>	<u>Acct No.</u>	<u>Name</u>	<u>Amounts</u>	
30		<u>Current Liabilities</u>		
31	2110.0	Loans Payable	\$ _____	-
32	2120.0	Subscriber Advance Payments and Deposits (2)	\$ _____	-
33	2130.0	Accounts Payable	\$ _____	-
34	2140.0	Taxes and Other Withholdings	\$ _____	-
35	2150.0	Accrued Expenses	\$ _____	-
36	2160.0	Accrued Taxes	\$ _____	-
37	2170.0	Other Current Liabilities	\$ _____	-
38	2180.0	Dividends Payable	\$ _____	-
39		Total Current Liabilities		\$ _____ -
40		<u>Non - Current Liabilities</u>		
41	2300.0	Long -Term Debt	\$ _____	-
42	2400.0	Operating Allowances	\$ _____	-
43	2500.0	Other Non-Current Liabilities(3)	\$ _____	-
44		Total Non - Current Liabilities		\$ _____ -
45		<u>Owners' Equity</u>		
46	3100.0	Common Stock - Issued	\$ _____	-
47	3200.0	Preferred Stock	\$ _____	-
48	3300.0	Treasury Stock	\$ _____	-
49	3400.0	Proprietors' Equity	\$ _____	-
50	3500.0	Additional Paid-In-Capital	\$ _____	-
51	3600.0	Retained Earnings	\$ _____	-
52		Total Owners' Equity		\$ _____ -
53		<u>Total Liabilities and Owners' Equity</u>		\$ _____ -

Instructions

- (1) Furnish particulars as to any significant contingent assets or liabilities existing at year end or any significant change in the financial condition of the company occurring after the end of the fiscal year but prior to filing this report. List on the reverse side.
- (2) List on the reverse side the total amount of Subscriber Advance Payments, Account #2121.0 and the total amount of Subscriber deposits, Account #2122.0 held by you and indicate if you pay interest on these amounts and if so, how much.
- (3) Line 43 (other non-current liabilities) - for amounts reported on this line provide a list of the major items (with dollar amount) that make up the amount reported.

INSTRUCTIONS FOR STATEMENT OF CASH FLOW

- 1 . Line 1 and 2 - amounts are also reported on lines 16 and 37 of the Statement of Profit and Loss.
- 2 . Line 3 - difference in amounts reported on lines 33, 34, 35, 36 and 37 of the current and prior years balance sheet.
- 3 . Line 4 - difference in current and prior years deferred income tax.
- 4 . Line 5 - difference in amounts reported on line 32 of the current and prior years balance sheet.
- 5 . Line 6 - difference in amounts on line 6 of the current and prior years balance sheet.
- 6 . Line 7 - difference in current and prior year amounts for balance sheet lines 9 through lines 13.
- 7 . Line 11 - amount also reported on Schedule of Plant, Intangibles and Deferments, line 21, Column B.
- 8 . Line 12 - difference in amounts reported on line 27 of current and prior year balance sheets.
- 9 . Line 24 - amount agrees with total of Balance Sheet, lines 2 and 3.

STATEMENT OF CASH FLOWS

<u>Line #</u>			
	Cash Flows from Operating Activity		
1.	<u>Net Income</u>		\$ _____ -
	Adjustments Necessary to reconcile Net Income to Net Cash Provided by Operating Activity		
2.	Depreciation & Amortization	\$ _____	-
3.	Increase (Decrease) In Accounts Payable & Accrued Liabilities	_____	-
4.	Increase (Decrease) In Deferred Tax Liability - net	_____	-
5.	Increase (Decrease) In Customer Deposits & Prepayments	_____	-
6.	(Increase) Decrease In Accounts Receivable	_____	-
7.	(Increase) Decrease In Other Current Assets	_____	-
8.	Other	_____	-
9.	Total Adjustments		_____ -
10.	Net Cash Provided by Operating Activities		_____ -
	<u>Cash Flows From Investing Activity</u>		
11.	Additions to Plant Assets including System Acquisitions	_____	-
12.	Additions to Other Assets	_____	-
13.	Proceeds From Sale of Assets	_____	-
14.	Other	_____	-
15.	Net Cash Used in Investing Activity		_____ -
	<u>Cash Flows From Financing Activity</u>		
16.	Proceeds from Long Term Debt	_____	-
17.	Proceeds from Equity Contribution	_____	-
18.	Dividends Paid or Equity Withdrawal	_____	-
19.	Payment of Long Term Debt	_____	-
20.	Other	_____	-
21.	Net Cash Provided by Financing Activity		_____ -
22.	Net Increase/(Decrease) in Cash and Cash Equivalent		_____ -
23.	Cash and Cash Equivalent at beginning of period		_____ -
24.	Cash and Cash Equivalent at end of period		\$ _____ -

PLANT, INTANGIBLES & DEFERMENTS

EXPLANATION OF ENTRIES

LINE NO. _____

INSTRUCTIONS

1. The balance at the beginning of the year, column A should agree with the closing balances on last year's Schedule of Plant, Intangibles & Deferments; the balance at the end of the year should agree with closing balances on this year's balance sheet.
2. Amounts reported in column D, transfers and adjustments, should be explained in the space provided above.
3. The amounts shown in column E, line 15, 16, 20 and 21 column F must agree with amounts shown on the balance sheet, lines 16, 17, 18 and 19 respectively.
4. Unamortized Debt Expense is amortized by charging "Interest expense", this will be reflected on this schedule by entering this amount in column D.
5. Intangible assets and deferred charges should be recorded at cost with the accumulated amortization reported in column F. The amounts reported on line 26 column E minus line 26 column F must agree with the amount reported on the balance sheet in line 22. The amounts reported in line 31 column E minus line 31 column F must agree with the amount reported on the balance sheet in line 23.

PLANT, INTANGIBLES AND DEFERMENTS

LINE NO.	ACCOUNT DESCRIPTION	BALANCE BEGINNING OF YEAR (A)	ADDITIONS DURING YEAR (B)	RETIREMENT (C)	TRANSFERS AND ADJUSTMENTS (D)	BALANCE AT END OF YEAR (E)	ACCUMULATED DEPRECIATION AND AMORTIZATION (F)
	Fixed Assets	\$	\$	\$	\$	\$	\$
1.	1210.0 Land	-	-	-	-	-	-
2.	1220.0 Buildings	-	-	-	-	-	-
3.	1230.0 Head-End	-	-	-	-	-	-
4.	1241.0 Subscriber Devices	-	-	-	-	-	-
5.	1242.0 Other	-	-	-	-	-	-
6.	Total Trunk and Distribution (Line 4 and Line 5)	-	-	-	-	-	-
7.	1250.0 Test Equipment and Tools	-	-	-	-	-	-
8.	1260.0 Program Origination	-	-	-	-	-	-
9.	1270.0 Vehicles	-	-	-	-	-	-
10.	1276.0 Furniture and Fixtures	-	-	-	-	-	-
11.	Total Vehicles, Furniture and Fixtures (Line 9 and 10)	-	-	-	-	-	-
12.	1280.0 Capitalized Lease Property	-	-	-	-	-	-
13.	1290.0 Leasehold Improvements	-	-	-	-	-	-
14.	1299.0 Miscellaneous Equipment	-	-	-	-	-	-
15.	Total Fixed Assets (Total Lines 1 to 3, 6 to 8, 11 to 14)	-	-	-	-	-	-
16.	1300.0 Construction Work in Progress	-	-	-	-	-	-
17.	Plant Adjustments	-	-	-	-	-	-
18.	1510.0 Plant Adjustment Excess Fair Value	-	-	-	-	-	-
19.	1520.0 Plant Adjustment Goodwill	-	-	-	-	-	-
20.	Total Plant Adjustment (Lines 18 + 19)	-	-	-	-	-	-
21.	Total Plant Assets (lines 15 + 16 + 20)	-	-	-	-	-	-
22.	<u>Intangible Assets</u>						
23.	1611.0 Franchises, Licenses and Permits	-	-	-	-	-	-
24.	1612.0 Other Intangible Assets	-	-	-	-	-	-
25.	1613.0 Goodwill	-	-	-	-	-	-
26.	Total Intangible Assets (Lines 23 + 24 + 25)	-	-	-	-	-	-
27.	<u>Deferred Charges</u>						
28.	1621.0 Start-Up Costs	-	-	-	-	-	-
29.	1622.0 Unamortized Debt	-	-	-	-	-	-
30.	1623.0 Other Deferred Charges	-	-	-	-	-	-
31.	Total Deferred Charges (Lines 28 + 29 + 30)	-	-	-	-	-	-

SCHEDULE OF LONG TERM DEBT

Line No	Description	Due in Year 2 (A)	Due in Year 3 (B)	Due in Year 4 (C)	Due in Year 5 (D)	Over 5 Years (E)	Total (F)
1	Notes	\$	\$	\$	\$	\$	\$
2	Owed to Affiliates	-	-	-	-	-	-
3	Owed to Directors or Officers	-	-	-	-	-	-
4	All Other	-	-	-	-	-	-
5	TOTAL NOTES	-	-	-	-	-	-
6	Bonds						
7	Owed to Affiliates	-	-	-	-	-	-
8	Owed to Directors or Officers	-	-	-	-	-	-
9	All Other	-	-	-	-	-	-
10	TOTAL BONDS	-	-	-	-	-	-
11	Obligation on Capitalized Leases	-	-	-	-	-	-
12	Unamortized Premium & Discount on Outstanding Debt	-	-	-	-	-	-
13	TOTAL LONG TERM DEBT (Total of Lines 5+10+11+12)	-	-	-	-	-	-
14	Interest to be Paid	-	-	-	-	-	-
15	TOTAL (Lines 13+14)	-	-	-	-	-	-

INSTRUCTIONS

- 1 Determine the amount of principal and interest to be paid on all long-term debt. (If interest rate varies, use rate in effect at the end of the current year).
- 2 On line 12 determine the amount to be amortized yearly and enter in the appropriate column.
- 3 Cross-foot all totals. The total amount of long-term debt entered on line 13, column (F) shall agree with the total amount of long-term debt entered on line 41 of the balance sheet.

SCHEDULE OF EXPENSES INSTRUCTIONS

1. The total of columns A, B, and C must agree with amounts reported on the Statement of Profit and Loss, lines 13, 14, and 15.
2. Per section 599.40 (J) (5), overhead allocation amounts reported on line 32, column C, or D, must be described in detail below.
3. Describe below substantial amounts reported on line 33 for other expenses.

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SCHEDULE OF EXPENSES

LINE NO	ITEM NO.	ACCOUNT DESCRIPTION	SERVICE COST (A)	ORIGINATION COST (B)	SELLING, GENERAL & ADMINISTRATIVE EXP (C)	PAYROLL & EXPENSES CAPITALIZED (D)
1.	01.1	Salaries and Wages, Officers and Directors	\$ -	\$ -	\$ -	\$ -
2.	01.2	Salaries and Wages, All Other	-	-	-	-
3.	02.1	Employee Benefits, Officers and Directors	-	-	-	-
4.	02.2	Employee Benefits, All Other	-	-	-	-
5.	03.0	Maintenance	-	-	-	-
6.	04.0	Pole and Site Rentals	-	-	-	-
7.	05.0	Microwave Service	-	-	-	-
8.	06.0	Light, Heat & Power	-	-	-	-
9.	07.0	Vehicle Expenses	-	-	-	-
10.	08.0	Rent	-	-	-	-
11.	09.0	Travel & Entertainment	-	-	-	-
12.	10.0	Dues and Subscriptions	-	-	-	-
13.	11.0	Contributions	-	-	-	-
14.	12.0	Professional Service	-	-	-	-
15.	13.0	Stationary & Supplies	-	-	-	-
16.	14.0	Postage & Freight	-	-	-	-
17.	15.0	Advertising and Promotion	-	-	-	-
18.	16.0	Telephone & Telegraph	-	-	-	-
19.	17.0	Sundry Office Expense	-	-	-	-
20.	18.0	Insurance	-	-	-	-
21.	19.0	Provision for Doubtful Accounts	-	-	-	-
22.	20.0	Local Taxes	-	-	-	-
23.	21.0	Franchise, License & Permit Fees	-	-	-	-
24.	22.0	Technical & Creative Service	-	-	-	-
25.	23.0	Film Expense	-	-	-	-
26.	24.0	Studio Sets and Props	-	-	-	-
27.	25.0	Program Material & Supplies	-	-	-	-
28.	26.0	News Services	-	-	-	-
29.	27.0	Participation Expenses	-	-	-	-
30.	28.0	Fees & Royalties (Pay Service Fees)	-	-	-	-
31.	29.0	Tariff & Leaseback Charges	-	-	-	-
32.	30.0	Overhead Allocation	-	-	-	-
33.	80.0	Other	-	-	-	-
34.		Sub-Total	-	-	-	-
35.	90.0	Capitalized Cost Offsets	-	-	-	-
		Total	-	-	-	-

OPERATING ALLOWANCES

<u>Line No.</u>	<u>Account No.</u>	<u>Operating Allowances</u>	<u>Balance Beginning of Year (A)</u>	<u>Additions During Year (B)</u>	<u>Deductions During Year (C)</u>	<u>Balance at End of Year (D)</u>
1 .	<u>2410.0</u>	Property Insurance Allowance	-	-	-	-
2 .	<u>2420.0</u>	Injury and Damage Allowance	-	-	-	-
3 .	<u>2430.0</u>	Pension and Benefit Allowance	-	-	-	-
4. a)	<u>2440.0</u>	Miscellaneous Operating Allowances	-	-	-	-
4. b)			-	-	-	-
4. c)			-	-	-	-
4. d)			-	-	-	-
4. e)			-	-	-	-
5 .		Total Misc Operating Allowances - Lines 4(a) to 4(e)	-	-	-	-
6 .	<u>2400.0</u>	Total Operating Allowances (Lines 1 + 2 + 3+ 5)	-	-	-	-

INSTRUCTIONS

1. Enter above all information requested for Operating Allowances as entered on the accounts as described.
2. The total on Line 6, Column D, shall equal the amount entered on Line 42 of the Balance Sheet.
3. If you have established one or more miscellaneous operating allowances, list their titles and amounts on Lines 4(a) through 4(e) above, and briefly describe their nature an purpose below.

4(a) _____

4(b) _____

4(c) _____

4(d) _____

4(e) _____

PART III

CONSOLIDATED FINANCIAL STATEMENTS

INSTRUCTIONS

1. Complete this section if: (1) Reporting Company has an equity interest of 20% or more in another company, or (2) if reporting company operates in whole or in part in a state other than New York or has significant non-cable television activities. In such cases New York State cable activities will be reported on Part II of this report and all other activities, including New York State cable activities, will be reported on Part III.

Before completing Part III please read Section 899.83 of the URS.

2. The account balances and transaction totals included in Section II of this report shall be adjusted for inclusion in this Section only to the extent necessary to prepare consolidated financial statements and / or to reflect investments using the equity method.
3. Equity investment in another company shall be accounted for using (i) the cost method for investments of less than 20% and (ii) the equity method for investments of between 20% and 50% and (iii) the preparation of consolidated financial statements for investments of more than 50%.

CONSOLIDATED PROFIT OR LOSS
(000'S)

Line No.

1.	<u>Operating Revenues</u>		
2.	Total Cable Television Revenue	\$ <u>6,232,152</u>	
3.	Other Operating Revenues ¹		
4.	Total Operating Revenues		\$ <u>6,232,152</u>
5.	<u>Operating Expenses</u>		
6.	Total Cable Television Expenses	<u>5,532,928</u>	
7.	Other Operating Expenses ¹		
8.	Total Operating Expenses		<u>5,532,928</u>
9.	Total Operating Profit or Loss		<u>699,224</u>
10.	Other Income	<u>315,603</u>	
11.	Other Expenses	<u>(821,867)</u>	
12.	Total Other Income or Expenses		<u>(506,264)</u>
13.	Total Profit or (Loss) Before Income Taxes		<u>192,960</u>
14.	Total Income Tax (expense) Benefit		(65,635)
15.	Extraordinary Income (Losses)		<u>0</u>
16.	Total Net Income(loss) from Continuing Operations		127,325
17.	Net Income(loss) attributable to noncontrolling interest		20
18.	Net Income(loss) from Discontinued Operations		<u>338,316</u>
19.	Net Income(loss)		\$ <u><u>465,661</u></u>

INSTRUCTIONS

¹ Itemize by major groups or categories, the amounts shown on line 3 and/or line 7 in the space below.

Note: Amounts shown above are representative of the Consolidated Statements of Operations for Cablevision Systems Corporation and Subsidiaries.

CONSOLIDATED BALANCE SHEET
(000'S)

ASSETS

Line No.

1.	Current Assets	\$ <u>1,724,434</u>	
2.	Plant Assets	<u>2,978,353</u>	
3.	Other Assets	<u>1,191,559</u>	
4.	Investments	<u>696,730</u>	
5.	Total Assets		<u><u>6,591,076</u></u>

LIABILITIES AND EQUITY

6.	Current Liabilities	\$ <u>1,441,052</u>	
7.	Long-Term Debt	<u>9,419,783</u>	
8.	Other Long-Term Liabilities	<u>1,004,491</u>	
9.	Minority Interest in Subsidiaries	<u>10,080</u>	
10.	Total Liabilities	\$ <u>11,875,406</u>	
11.	Equity	<u>(5,284,330)</u>	
12.	Total Liabilities and Equity		\$ <u><u>6,591,076</u></u>

INSTRUCTIONS

1. The accounts shown in Section 599.32 of the UAS should be used as a general guide in preparing this statement.
2. The amounts shown shall be net of any allowance.
3. The amount shown on Line 5 shall equal the amount shown on Line 12.

Note: Amounts shown above are representative of the Consolidated Balance Sheets for Cablevision Systems Corporation and Subsidiaries.

CONSOLIDATED STATEMENT OF CASH FLOWS
(000'S)

Line No.

CASH FLOWS FROM OPERATING ACTIVITIES

1.	Net Income		1. \$ <u>127,325</u>
	Adjustments to reconcile net income to net cash provided by operating activities:		
2.	Depreciation & Amortization	2. \$ <u>909,147</u>	
3.	Increase (decrease) in accounts payable and accrued liabilities	3. <u>33,842</u>	
4.	Increase (decrease) in deferred income tax	4. <u>69,456</u>	
5.	Increase (decrease) in customer deposits and prepayments	5. <u>(9,507)</u>	
6.	Net decrease (increase) in accounts receivable	6. <u>(25,673)</u>	
7.	Decrease (increase) in other current assets	7. <u>(8,641)</u>	
8.	Other	8. <u>39,028</u>	
9.	Total Adjustments	9. <u>1,007,652</u>	
10.	Net cash provided by operating activities (sum of lines 1 to 9)	10. <u>1,134,977</u>	

CASH FLOWS FROM INVESTING ACTIVITIES

11.	Additions to Plant assets including system acquisitions	11. <u>(951,679)</u>	
12.	Additions to other assets	12. <u>(3,685)</u>	
13.	Proceeds from sale of system	13. <u>0</u>	
14.	Other (describe if substantial)	14. <u>6,706</u>	
15.	Net cash used in investing activities (sum of lines 11 to 14)	15. <u>(948,658)</u>	

CASH FLOWS FROM FINANCING ACTIVITIES

16.	Proceeds from long term debt	16. <u>3,866,321</u>	
17.	Proceeds from equity contribution	17. <u>18,120</u>	
18.	Dividends paid or equity withdrawals	18. <u>(12,262)</u>	
19.	Payments on Long Term Debt	19. <u>(4,325,258)</u>	
20.	Dividend distribution to common stock shareholders	20. <u>(159,709)</u>	
21.	Other (describe if substantial)	21. <u>(42,266)</u>	
22.	Net cash Used in financing activities (sum of lines 16 to 20)	22. <u>(655,054)</u>	
23.	Net increase (decrease) in cash and cash equivalent (sum of lines 10, 15 & 21)	23. <u>(468,735)</u>	
24.	Change in assets and liabilities related to discontinued oper.	24. <u>500,033</u>	
25.	Net income from discontinued operations	25. <u>338,316</u>	
26.	Cash and cash equivalent at beginning of period	26. <u>332,610</u>	
27.	Cash and cash equivalent at end of period (sum of lines 22 and 23)	27. \$ <u><u>702,224</u></u>	

NOTES - See instructions Page 9

- Negative Amounts are to be enclosed ().

Note: Amounts shown above are representative of the Consolidated Statements of Cash Flows for Cablevision Systems Corporation and Subsidiaries.