


**FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00**

**FILED**  
**May 13 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # F97000002980 (7)**  
 1. Corporation Name  
**ASCENT ENTERTAINMENT GROUP, INC.**

Principal Place of Business 1200 17TH ST., #2800 DENVER CO 80202	Mailing Address 1200 17TH ST., #2800 DENVER CO 80202
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>06/09/1997</b>	
21	22	23	24	25	26
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number <b>52-1930707</b>	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
Zip		Country		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
24		25		29	
27		28		30	
7. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<b>C T CORPORATION SYSTEM</b> <b>1200 SOUTH PINE ISLAND ROAD</b> <b>PLANTATION FL 33324</b>				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			
				85 Zip Code			

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<b>D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>COLODNY, EDWIN I ESO</b>	1.2 NAME	<b>BARTON, PETER</b>
STREET ADDRESS	<b>1299 PENNSYLVANIA AVE., N.W., 10TH FLOOR</b>	1.3 STREET ADDRESS	<b>1200 17th St., Ste. 2800</b>
CITY-ST-ZIP	<b>WASHINGTON DC 20004-2400</b>	1.4 CITY-ST-ZIP	<b>Denver, CO 80202</b>
TITLE	<b>PCEO</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LILLIS, CHARLES M</b>	2.2 NAME	
STREET ADDRESS	<b>7800 E. ORCHARD RD., #200</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>ENGLEWOOD CO 80111</b>	2.4 CITY-ST-ZIP	
TITLE	<b>PCEO</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LYONS, CHARLES</b>	3.2 NAME	
STREET ADDRESS	<b>1 TABOR CTR., 1200 17TH ST., #2800</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>DENVER CO 80202</b>	3.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>NEINAS, CHARLES M</b>	4.2 NAME	
STREET ADDRESS	<b>6688 GUNPARK DR., #201</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>BOULDER CO 80301-3339</b>	4.4 CITY-ST-ZIP	
TITLE	<b>PCEO</b> <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<b>D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SCHWARTZ, ROBERT G</b>	5.2 NAME	<b>GOULD, PAUL</b>
STREET ADDRESS	<b>200 PARK AVE., #5700</b>	5.3 STREET ADDRESS	<b>711 Fifth Avenue</b>
CITY-ST-ZIP	<b>NEW YORK NY 10168-0114</b>	5.4 CITY-ST-ZIP	<b>New York, NY 10022</b>
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>FLOWER, ALLEN</b>	6.2 NAME	<b>James A. Cronin</b>
STREET ADDRESS	<b>6580 ROCK SPRING DR.</b>	6.3 STREET ADDRESS	<b>1200 17th St., Ste. 2800</b>
CITY-ST-ZIP	<b>BETHESDA MD 20817</b>	6.4 CITY-ST-ZIP	<b>Denver, CO 80202</b>

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: \_\_\_\_\_  
 9955 New Secretary 4/24/98 303 626-7012

CR2E034 (10/97)