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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **L85204** (0)

1. Corporation Name
VISION CABLE INVESTMENTS, INC.

Principal Place of Business
**2300 YORKMONT ROAD
STE 700
CHARLOTTE NC 28217
US**

Mailing Address
**2300 YORKMONT RD
STE 700
CHARLOTTE NC 28217
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **07/05/1990** 3a. Date of Last Report **05/01/1994**

4. FFI Number **13-3583426** Applied For Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

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

8. This corporation has liability for intangible tax under S. 189.042 Florida Statutes Yes No

2. Principal Place of Business

2a. Mailing Address

21. State Apt. # etc.

26. State Apt. # etc.

22. City & State

27. City & State

23. Zip

24. Country

28. Zip

30. Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324**

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

83. City

84. State

FL

85. Zip Code

11. Pursuant to the provisions of Sections 607.0612 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 607.0612, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

13. ADDITIONS, CHANGES, TO OFFICERS AND DIRECTORS IN 12

TITLE: **VD**
NAME: **NEWHOUSE, DONALD E.**
STREET ADDRESS: **STAR-LEDGER PLAZA**
CITY, STATE, ZIP: **NEWARK NJ**

1. TITLE Change Addition
2. NAME
3. STREET ADDRESS
4. CITY, STATE, ZIP

TITLE: **VTD**
NAME: **MIRON, ROBERT J**
STREET ADDRESS: **5015 CAMPUSWOOD DR**
CITY, STATE, ZIP: **SYRACUSE NY**

5. TITLE Change Addition
6. NAME
7. STREET ADDRESS
8. CITY, STATE, ZIP

TITLE: **D**
NAME: **NEWHOUSE, S. I., JR.**
STREET ADDRESS: **350 MADISON AVENUE**
CITY, STATE, ZIP: **NY**

9. TITLE Change Addition
10. NAME
11. STREET ADDRESS
12. CITY, STATE, ZIP

TITLE: **P**
NAME: **ROBERTS, V MITCHELL**
STREET ADDRESS: **2300 YORKMONT RD**
CITY, STATE, ZIP: **CHARLOTTE NC**

13. TITLE Change Addition
14. NAME
15. STREET ADDRESS
16. CITY, STATE, ZIP

TITLE: **S**
NAME: **NEWHOUSE, S I III**
STREET ADDRESS: **30 JOURNAL SQ**
CITY, STATE, ZIP: **JERSEY CITY NJ**

17. TITLE Change Addition
18. NAME
19. STREET ADDRESS
20. CITY, STATE, ZIP

TITLE: **S**
NAME: **NEWHOUSE, S I III**
STREET ADDRESS: **30 JOURNAL SQ**
CITY, STATE, ZIP: **JERSEY CITY NJ**

21. TITLE Change Addition
22. NAME
23. STREET ADDRESS
24. CITY, STATE, ZIP

14. I, the undersigned, certify that the information supplied with this filing is verifiably true and does not qualify for the exemption stated in Section 130.072(1)(b), 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 that my name or address appears on the list of officers or directors reported on in this report or required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report or on an attachment with an address.

SIGNATURE:

William Mitchell Roberts
SIGNATURE AND TYPED OR PRINTED NAME OF BOARD OFFICER OR DIRECTOR

(704) 357-6900
Toll-Free 1-800-828-8888