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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # 281625

1. Corporation Name

AMERICAN CABLEVISION SERVICES, INC.

Frincipal Flace of Business	
255 ALHAMBRA CIRCLE, 9TH FLOO	0
CORAL GARLES FL 33134-5102	

255 ALHAMBRA CIRCLE. 9TH FLOOR CORAL GABLES FL 33134-5102

## **FILED** May 08, 1999 8:00 am Secretary of State

05-08-1999 90037 021 \*\*\*158.75



			DO NOT WRITE IN THIS SPACE			
			3. Date Incorporated or Qualifed			
			05/20/1964			
2. Principal Place of Business	2a. Mailing Address		4. FEI Number	Applied For		
201 Alhambra Circle	26 201 Alhambra Circle	•	59-1056225	Not Applicable		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certifcate of Status Desired	\$8.75 Additional		
22 12th floor	27 l2th Floor		5. Certificate of Status Desired (X)	Fee Required		
City & State	City & State		6. Election Campaign Financing	<b>\$5.00</b> May Be		
23 Coxal Gables, Florida	28 Coral Gables, Flori	ida.	Trust Fund Contribution	Added to Fees		
Zip Country	Zip Cou	intry	8. This corporation owes the current year			
24 331.34 25	29 33134 30		Personal Property Tax.	☐ Yes ☐ No		
9. Name and Address of Current F	Registered Agent	10. Name and Address of New Registered Agent				
		81 Name				
Kerrigan, Juanita I. 255 Alhambra Cir., 9th Fl.						
			1			
			201 Albambra Circle			
CORAL GABLES FL 33134		83 12th	12th Floor			
		84 City Cocal	Cables, Florida F	L 85 Zip Code 331.34		

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	Signature, typed or printed name of registered agent and title if appl	icable. (NOTE: Ro	egistered Agent signature re	equired when reinstating) DATE				
12.	OFFICERS AND DIRECTO		13.					
TITLE	D	☐ DELETE	1.1 TITLE	PD	Change	☐ Addition		
NAME	GETMAN, DENNIS J.		1.2 NAME					
STREET ADDRESS	255 ALHAMBRA CIR.		1.3 STREET ADDRESS	201 Alhambra Circle 12th Floor				
CITY-ST-ZIP	CORAL GABLES FL 33134		1.4 CiTY-ST-ZIP	Coxal Cables, Florida 33134				
TITLE	SD	☐ DELETE	2.1 TITLE		X Change	☐ Addition		
NAME	KERRIGAN, JUANITA		2.2 NAME					
STREET ADDRESS	255 ALHAMBRA CIR.		2.3 STREET ADDRESS	201 Albamboa Circle 12th Floor				
CITY-ST-ZIP	CORAL GABLES FL		2. 4 CITY-ST-ZIP	Coral Gables, Florida 33134				
TITLE	VTD	☐ DELETE	3.1 TITLE	· ·	Change	☐ Addition		
NAME	MCNAIRY, CHARLES		3.2 NAME					
STREET ADDRESS	255 ALHAMBRA CIR.		33 STREET ADDRESS	201 Albantoca Circle 12th Flood				
CITY-ST-ZIP	CORAL GABLES FL		3.4. CITY-ST-ZIP	Cocal Cables, Flicida 33134				
TITLE	VD	□ DELETE	4.1 TITLE		X Change	☐ Addition		
NAME	IORIO, JR. A		4. 2 NAME	ena -au . et a 10:1 et				
STREET ADDRESS	255 ALHAMBRA CIR.		4 3 STREET ADDRESS	201 Alhambra Circle 12th Floor				
CITY-ST-ZIP	CORAL GABLES FL		4.4 CITY-ST-ZIP	Coral Cables, Florida 33134				
TITLE		□ DELETE	5.1 TITLE		Change	Addition		
NAME			5.2 NAME					
STREET ADDRESS			5.3 STREET ADDRESS					
CITY-ST-ZIP			5.4 CITY-ST-ZIP					
TITLE		☐ DELETE	6.1 TITLE		Change	☐ Addition		
NAME			6.2 NAME					
STREET ADDRESS			6.3 STREET ADDRESS					
CITY-ST-ZIP			6.4 CITY-ST-ZIP	State of the state				

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, with all other like empowered.