

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

PROFIT CORPORATION
ANNUAL REPORT
1996



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

FILED
Aug 14 1996 8:00 am
Secretary of State

DOCUMENT # 378179 (6)
1. Corporation Name
DYNAMIC CABLEVISION OF FLORIDA, INC.



Principal Place of Business Mailing Address
**ATTN: H. DYSON
75 FOUNTAIN ST.
PROVIDENCE RI 02902**

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75 FOUNTAIN ST.
PROVIDENCE RI 02902**

2. Principal Place of Business 21 The Pilot House Suite, Apt. #, etc.		2a. Mailing Address 26 The Pilot House Suite, Apt. #, etc.		3. Date Incorporated or Qualified 03/02/1971	3a. Date of Last Report 03/27/1995
22 Lewis Wharf City & State		27 Lewis Wharf City & State		4. FEI Number 05-0346725	Applied For Not Applicable
23 Boston MA Zip Country		28 Boston MA Zip Country		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
24 02110	25 USA	29 02110	30 USA	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
9. Name and Address of Current Registered Agent				8. This corporation has liability for intangible tax under s. 199 (32), Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

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

81 Name	10. Name and Address of New Registered Agent
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL 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

Signature of Agent (print name, title, address and telephone number)

Signature of Current Agent (print name, title, address and telephone number)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CC <input checked="" type="checkbox"/> DELETE	1.1 TITLE	P <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CLIFFORD, JACK C.	1.2 NAME	William T. Schleyer
STREET ADDRESS	75 FOUNTAIN STREET	1.3 STREET ADDRESS	20 South Road
CITY-ST-ZIP	PROVIDENCE RI	1.4 CITY-ST-ZIP	Rye Beach NH 03871
TITLE	TSD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	C/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DYSON, HARRY	2.2 NAME	Amos B. Hostetter Jr.
STREET ADDRESS	75 FOUNTAIN STREET	2.3 STREET ADDRESS	10 Louisberg Square
CITY-ST-ZIP	PROVIDENCE RI	2.4 CITY-ST-ZIP	Boston MA 02108
TITLE	CD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	S/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CLARK, BRUCE A.	3.2 NAME	W. Lee H. Dunham
STREET ADDRESS	20 WASHINGTON PLACE	3.3 STREET ADDRESS	16 Lincoln Street
CITY-ST-ZIP	PROVIDENCE RI 02903	3.4 CITY-ST-ZIP	Belmont MA 02178
TITLE	V <input checked="" type="checkbox"/> DELETE	4.1 TITLE	VC/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SILVA, PAUL	4.2 NAME	Timothy P. Neher
STREET ADDRESS	20 WASHINGTON PLACE	4.3 STREET ADDRESS	109 Commonwealth Ave
CITY-ST-ZIP	PROVIDENCE RI 02903	4.4 CITY-ST-ZIP	Boston MA 02116
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	VP/T <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	P. Eric Krauss
STREET ADDRESS		5.3 STREET ADDRESS	1666 Commonwealth Ave., Apt. 33
CITY-ST-ZIP		5.4 CITY-ST-ZIP	Brighton MA 02116
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	CFO/SVP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	Nancy Hawthorne
STREET ADDRESS		6.3 STREET ADDRESS	74 Holland Road
CITY-ST-ZIP		6.4 CITY-ST-ZIP	Brookline MA 02146

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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. I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes, and that my name appears in Block 12 or Block 13 or on an attachment with an address.

SIGNATURE: **VP, Treasurer & Corp. Controller 7/ /96 617-742-9500**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date for Filing #

CR2E034 (3/96)