

**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**

2. Principal Place of Business <b>21 The Pilot House</b> Suite, Apt. #, etc.		2a. Mailing Address <b>26 The Pilot House</b> Suite, Apt. #, etc.		3. Date Incorporated or Qualified <b>03/02/1971</b>	3a. Date of Last Report <b>03/27/1995</b>
<b>22 Lewis Wharf</b> City & State		<b>27 Lewis Wharf</b> City & State		4. FEI Number <b>05-0346725</b>	Applied For Not Applicable
<b>23 Boston MA</b> Zip Country		<b>28 Boston MA</b> Zip Country		5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
<b>24 02110</b>	<b>25 USA</b>	<b>29 02110</b>	<b>30 USA</b>	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> 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	

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

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 of Agent (print name, title, address and telephone number) (PRINT) (Print Agent's signature if required when filing) (DATE)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CC	1.1 TITLE	P
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	2.1 TITLE	C/D
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	3.1 TITLE	S/D
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	4.1 TITLE	VC/D
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		5.1 TITLE	VP/T
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		6.1 TITLE	CFO/SVP
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:** *P. Eric Krauss*  
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)