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**May 09 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997



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

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



Principal Place of Business: **THE PILOT HOUSE LEWIS WHARF BOSTON MA 02110 US**
Mailing Address: **THE PILOT HOUSE LEWIS WHARF BOSTON MA 02110 US**

3. Date Incorporated or Qualified: **03/02/1971** 3a. Date of Last Report: **08/14/1996**
4. FEI Number: **05-0346725** 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. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: 21 Suite, Apt. #, etc.: 22 City & State: 23 Zip: 24 Country: 25
2a. Mailing Address: 26 Suite, Apt. #, etc.: 27 City & State: 28 Zip: 29 Country: 30

9. Name and Address of Current Registered Agent
**THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET
TALLAHASSEE FL 32301**

10. Name and Address of New Registered Agent
81 Name: 82 Street Address (P.O. Box Number is Not Acceptable): 83 City: 84 Zip Code: **FL** 85

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	SCHLEYER, WILLIAM T	
STREET ADDRESS	20 SOUTH ROAD	
CITY - ST - ZIP	RYE BEACH NH	
TITLE	CD	<input type="checkbox"/> DELETE
NAME	HOSTETTER, AMOS B. JR.	
STREET ADDRESS	10 LOUISBERG SQUARE	
CITY - ST - ZIP	BOSTON MA	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	DUNHAM, W. LEE H.	
STREET ADDRESS	16 LINCOLN STREET	
CITY - ST - ZIP	BELMONT MA	
TITLE	VCD	<input type="checkbox"/> DELETE
NAME	NEHER, TIMOTHY	
STREET ADDRESS	109 COMMONWEALTH AVE	
CITY - ST - ZIP	BOSTON MA	
TITLE	VPT	<input type="checkbox"/> DELETE
NAME	KRAUSS, ERIC P.	
STREET ADDRESS	1688 COMMONWEALTH AVE APT 33	
CITY - ST - ZIP	BRIGHTON MA	
TITLE	CFOS	<input checked="" type="checkbox"/> DELETE
NAME	HAWTHORNE, NANCY	
STREET ADDRESS	74 HOLLAND ROAD	
CITY - ST - ZIP	BROOKLINE MA	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do 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: *Eric Krauss* **4/30/97** **(617) 742-9500**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)