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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCL	1997 × 1997	Division of Co (6)	ORPORATIONS		y of State
	JMENT # 37817 MIC CABLEVISION OF FLO			4 (46)66 (14)1 (448) (60)8 (64)1 (65)8 (84)1 (65)8	515U 8484 6784 6784 845U 460
Principal Pla	ace of Business	Mailing Address			
THE PILOT HOUSE LEWIS WHARF BOSTON MA 02110		THE PILOT HOUSE LEWIS WHARF BOSTON MA 02110			
US	US US			3. Date incorporated or Qualified 3 03/02/1971	Date of Last Report 08/14/1996
		2a. Mailing Address		4. FEI Number	Applied For
Suite, Apt. # etc.		Suite, Apt. #, etc.		05-0346725	Not Applicable
		27		5. Certificate of Status Desired	\$8.75 Additional Fee Required
	City & State City & \$			Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Country	8. This corporation has liability for inter	
24	9, Name and Address of Cu		30	Florida Statutes X Ye 10. Name and Address of New Regist	s No
TH	E PRENTICE-HALL CORPORAT		81 Name		
1201 HAYS STREET TALLAHASSEE FL 32301				ress (P.O. Box Number is Not Acceptable)	
			63		
84 City					FL 85 Zip Code
11. Pursuar	nt to the provisions of Sections 607.	0502 and 607,1508, Florida Statute	s, the above-named cor,	poration submits this statement for the purp	
office o agent. I	r registered agent, or both, in the S Lam familiar with, and accept the of	tate of Florida. Such change was a bligations of, Section 607.0505, Flor	uthorized by the corpora rida Statutes.	poration submits this statement for the purp- tion's board of directors. I hereby accept th	e appointment as registered
SIGNATURE					
12.	Signature, typed or printed name of registers OFFICERS	d agent and fite if applicable [NOTE AND DIRECTORS]	Registered Agent signature requ	red when reinstating) D ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS IN 12
TOTLE	P	☐ DELETE	1.1 TITLE	1.05,7,0,0,0,1,1,1,0,0,1,0	Change Addition
NAME	SCHLEYER, WILLIAM T		1.2 NAME		
STREET ADDRESS	A A A A A MILL THAT I THE		1.3 STREET ADORESS		
C)TV+\$1-7)P	RYE BEACH NH		1.4 CITY-SY-ZIP		
TITLE	CD	☐ DELETE	2.1 TITLE		Change Addition
NAME	HOSTETTER, AMOS B. JR.		2.2 NAMÉ		
STREET ADORES			2.3 STREET ADDRESS		
City-St-ZIP	BOSTON MA	Florett	2. 4 CITY - ST - ZIP		Change Addition
TITLE	SD DINIUM WITEE H	[] DELETE	3.1 TITLE		Change Addition
NAME DAME AND DEE	DUNHAM, W. LEE H. 16 LINCOLN STREET		3.2 NAME 3.3 STREET ADDRESS		
STREET ADDRES	BELMONT MA		3.4. CITY-ST-ZIP		
Tifle	VCD VCD	DELETE	4.1 TITLE		Change Addition
NAME	NEHER. TIMOTHY		4. 2 NAME		
STREET ADDRES			4.3 STREET ADDRESS		
C-1Y-ST-ZIP	BOSTON MA		4.4 CITY-ST-ZIP		
Trill	VPT	DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	KRAUSS, ERIC P.		52 NAME		
STREET ACCURES	1000	/E APT 33	5 3 STREET ADDRESS		
CHTY-ST-ZIF	BRIGHTON MA		5.4 CITY - ST - ZIP		<u> </u>
TITLE	CFOS	DELETE	6.1 TITLE		Change Addition
NAME	HAWTHORNE, NANCY		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 charged, or on an adversal.

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS 74 HOLLAND ROAD

BROOKLINE MA

FILED

May 09 1997 8:00am

Secretary of State

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