

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

FILED
Apr 24 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # 560917 (7)
1. Corporation Name
COMMUNITY CATV CORP.



Principal Place of Business Mailing Address
~~800 FIRST STAMFORD PLAGE~~ 290 Harbor Drive C/O TWC TAX DEPT.
STAMFORD CT 06902 PO BOX 6700-6659
ENGLEWOOD CO 80155-6700-6659

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 290 Harbor Drive		26 C/O TWC Tax Dept		03/01/1978	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27 P O Box 6659		05-0375834	
City & State		City & State		Applied For	
23 Stamford, CT		28 Englewood, CO		Not Applicable	
Zip		Zip		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
24 06902		29 80155-6659		30	
Country		Country		6. Election Campaign Financing	
25		30		Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
25		30		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

8. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name
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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	HAJE, PETER	
STREET ADDRESS	75 ROCKEFELLER PLAZA	
CITY-ST-ZIP	NEW YORK NY 10019	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	BRESSLER, RICHARD J	
STREET ADDRESS	75 ROCKEFELLER PLAZA	
CITY-ST-ZIP	NEW YORK NY 10019	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	HAYS, SPENCER B	
STREET ADDRESS	75 ROCKEFELLER PLAZA	
CITY-ST-ZIP	NEW YORK NY 10019	
TITLE	V	<input type="checkbox"/> DELETE
NAME	ALLAMAN, GAIL L	
STREET ADDRESS	4800 GREENWOOD PLAZA BLVD.	
CITY-ST-ZIP	ENGLEWOOD CO 80111	
TITLE	AT	<input checked="" type="checkbox"/> DELETE
NAME	HEFFY, LAURIE J	
STREET ADDRESS	4800 GREENWOOD PLAZA BLVD.	
CITY-ST-ZIP	ENGLEWOOD CO 80111	
TITLE	V	<input type="checkbox"/> DELETE
NAME	CHRISTIE, WARREN A	
STREET ADDRESS	1271 AVENUE OF THE AMERICAS	
CITY-ST-ZIP	NEW YORK NY 10020	

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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Allaman, Gail L
4.3 STREET ADDRESS	160 Inverness Drive West
4.4 CITY-ST-ZIP	Englewood, CO 80112
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Add
5.2 NAME	Karas, Mark L
5.3 STREET ADDRESS	160 Inverness Drive West
5.4 CITY-ST-ZIP	Englewood, CO 80112
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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.

SIGNATURE

Mark L. Karas

(303) 799-1200

CR2E034 (10/97)