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PROFIT CORPORATION ANNUAL REPORT 1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 590122

1. Corporation Name
PARKLAND CABLEVISION, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
5619 DTC PARKWAY TAX DEPT ENGLEWOOD FL 80111 US	P.O. BOX 5630 TAX DEPT. DENVER CO 80217-5630 US

3. Date Incorporated or Qualified: 10/17/1978
4. FEI Number: 59-1874114 — 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 owes the current year intangible Personal Property Tax. ☒ Yes ☐ No

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

9. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301

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

12. OFFICERS AND DIRECTORS		Delete	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change / Addition
TITLE	AV	☒ DELETE	1.1 TITLE	S	☐ Change ☒ Addition
NAME	BLAYOCK, GARY		1.2 NAME	HAYES, MARK	
STREET ADDRESS	5619 DTC PARKWAY		1.3 STREET ADDRESS	5619 DTC PARKWAY	
CITY-ST-ZIP	ENHLEWOOD CO		1.4 CITY-ST-ZIP	ENGLEWOOD, CO 80111	
TITLE	PD	☒ DELETE	2.1 TITLE	P/D	☐ Change ☒ Addition
NAME	BARBERINI, THOMAS R		2.2 NAME	BARTOLOTTA, CHARLES	
STREET ADDRESS	5619 DTC PARKWAY		2.3 STREET ADDRESS	5619 DTC PARKWAY	
CITY-ST-ZIP	ENGLEWOOD CO 80111		2.4 CITY-ST-ZIP	ENGLEWOOD, CO 80111	
TITLE	VS	☐ DELETE	3.1 TITLE	V/AS	☒ Change ☐ Addition
NAME	BRETT, STEPHEN M		3.2 NAME		
STREET ADDRESS	5619 DTC PARKWAY		3.3 STREET ADDRESS		
CITY-ST-ZIP	ENGLEWOOD CO		3.4 CITY-ST-ZIP		
TITLE	AVP	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	GOOKIN, NOLAN		4.2 NAME		
STREET ADDRESS	5619 DTC PARKWAY		4.3 STREET ADDRESS		
CITY-ST-ZIP	ENGLEWOOD CO 80111		4.4 CITY-ST-ZIP		
TITLE	VT	☐ DELETE	5.1 TITLE	V/AT	☒ Change ☐ Addition
NAME	SCHOTTERS, BERNARD W. II		5.2 NAME		
STREET ADDRESS	5619 DTC PARKWAY		5.3 STREET ADDRESS		
CITY-ST-ZIP	ENGLEWOOD CO		5.4 CITY-ST-ZIP		
TITLE	D	☒ DELETE	6.1 TITLE	D	☐ Change ☒ Addition
NAME	JONES, MARVIN		6.2 NAME	FITZGERALD, WILLIAM R.	
STREET ADDRESS	5619 DTC PARKWAY		6.3 STREET ADDRESS	5619 DTC PARKWAY	
CITY-ST-ZIP	ENGLEWOOD CO 80111		6.4 CITY-ST-ZIP	ENGLEWOOD, CO 80111	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(1)(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, with all other like empowered.

SIGNATURE: Nolan J. Gookin, Assistant Vice President 4/21/99
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (11/98)