


FILE ON OR BEFORE DECEMBER 31, 1998 OR LIMITED PARTNERSHIP
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS		FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 98 DEC 22 PH 1:12	
1. Name of Limited Partnership OLYMPUS COMMUNICATIONS, L.P.		1a. DOCUMENT # A29351			
Mailing Address P.O. BOX 472 COUDERSPORT PA 16915		Principal Office Address MAIN AT WATER STREET COUDERSPORT PA 16915		3. Date Formed or Registered 12/15/1989 3a. Date of Last Report 12/23/1997 4. State or Country of Formation DE 5a. Capital Contributions as Shown on record. \$462,339,493.00 5b. Amount of Capital Contributions in FLORIDA to date: \$545,068,221.00 6. FEI Number 25-1622615 <input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable 7. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 8. Make check payable to: Dept. of State (See reverse side for fee information) PF \$526.25	
2. Mailing Address Main at Water Street Suite, Apt. #, etc. City & State Zip Country		2a. Principal Office Address Suite, Apt. #, etc. City & State Zip Country		9. Name and Address of Current Registered Agent THE PRENTICE-HALL CORPORATION SYSTEM, INC. 1201 HAYS STREET, SUITE 105 TALLAHASSEE FL 32301	
10a. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, 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 its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes.		10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City State Zip Code			
SIGNATURE (Registered Agent Accepting Appointment)		DATE			
A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.					
11. Name(s) of General Partner(s) ACP HOLDINGS, INC. CABLE GP, INC.		11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) MAIN AT WATER STREET 1400 CENTERPARK BLVD.		11b. City, State & Zip Code COUDERSPORT PA 16915 WEST PALM BEACH FL 33	
11c. Registration/Document Number P25634 P95000012820					
Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.					
12. 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 release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.					
SIGNATURE		DATE			
Randall D. Fisher Randall D. Fisher, VP of ACP Holdings, Inc. the General Partner		12/11/98 (814) 274-9830			
Typed or Printed Name of General Partner Signing Form		Daytime Telephone Number			

CR2E003 (8/98)