

**FILE ON OR BEFORE APRIL 8, 1998 TO AVOID
REVOCATION AND \$500 PENALTY FEE**

**LIMITED PARTNERSHIP
ANNUAL REPORT
1998**



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

98 MAR -9 PM 12:41



1. Name of Limited Partnership	1a. DOCUMENT # B97000000417
TAMPA BAY CABLE ADVERTISING INTERCONNECT, L.P.	

Mailing Address 5680 GREENWOOD PLAZA BLVD. ENGLEWOOD CO 80111		Principal Office Address 300 FIRST STAMFORD PLACE STAMFORD CT 06902		3. Date Formed or Registered 08/14/1997	5a. Capital Contributions as Shown on record. \$2,000.00
2. Mailing Address		2a. Principal Office Address		3a. Date of Last Report	5b. Amount of Capital Contributions in FLORIDA to date: \$ 2,000.00
Suite, Apt. #, etc. PO BOX 6659		Suite, Apt. #, etc. 290 Harbor Drive		4. State or Country of Formation DE	
City & State ENGLEWOOD CO		City & State Stamford CT		6. FEI Number 59-2945264	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
Zip 80155-6659		Zip 06902		7. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	8. Make check payable to: Dept. of State (See reverse side for fee information)

9. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324	10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) 000002455900--7 Suite, Apt. #, etc. -03/12/98--01108--015 City ***150.00 ***150.00 FL
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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.

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)	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)	11b. City, State & Zip Code	11c. Registration/Document Number
TIME WARNER ENTERTAINMENT-AD	11500 9TH STREET NORT	ST. PETERSBURG FL 337	G96128900017
PARAGON COMMUNICATIONS	11500 9TH STREET NORT	ST. PETERBURG FL 3371	GP9800000602
CABLEVISION INDUSTRIES LIMIT	11500 9TH STREET NORT	ST. PETERSBURG FL 337	A22293
TWI CABLE INC.	300 FIRST STAMFORD PL	STAMFORD CT 06902	F98000000378
TCI CABLEVISION OF PINELLAS	905 E. M.L. KING JR.	TARPON SPRINGS FL 346	G44514
TCI CABLEVISION OF PASCO COU	905 E. M.L. KING JR.	TARPON SPRINGS FL 346	GP9700000525

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 _____

Asst. Controller of G.P.

DATE **2/20/98**

Typed or Printed Name of General Partner Signing Form

Mark L. Karas

Daytime Telephone Number

(303) 799-1200

CR2E003 (12/97)