2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F00000007060

1. Entity Name

TELE-COMMUNICATIONS OF COLORADO, INC.



Principal Place of Business

1500 MARKET STREET

PHILADELPHIA, PA 19102-2148 US

Mailing Address

1500 MARKET STREET

PHILADELPHIA, PA 19102-2148 US

FILED May 02, 2006 8:00 am Secretary of State

05-02-2006 90150 005 ***150.00



DO NOT WRITE IN THIS SPACE

04172006 No Chg-P CR2E034 (11/05)

Applied For Not Applicable

84-1200575

5. Certificate of Status Desired

4. FEI Number

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324

DO NOT WRITE IN THIS SPACE

	e de la companya de	į			
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE Registered Agent signature required when reinstating) DATE					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 9. Election Campaign Finan Trust Fund Contribution.				\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS					
NAME STREET ADDRESS CITY-ST-ZIP	P BURKE, STEPHEN B 1500 MARKET ST PHILADELPHIA, PA 191022148				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BACKSTROM, C. STEPHEN 1500 MARKET ST PHILADELPHIA, PA 19102				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BLOCK, ARTHUR R 1500 MARKET ST PHILADELPHIA, PA 191022148		DO NOT WRITE		
THILE NAME STREET ADDRESS CITY-ST-ZIP	T ALCHIN, JOHN R 1500 MARKET ST PHILADELPHIA, PA 191022148		IN THIS SPACE		
TITLE NAME STREET ADDRESS					

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

TITLE NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

C. STEPHEN BACKSTROM

0 6 215-981-7557