

# FOOOOOOOO7065

CORPORATION(S) NAME

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*RT Cable Partner, Inc*

00 DEC 20 PM 3:02  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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<input checked="" type="radio"/> Profit	<input type="radio"/> Amendment	<input type="radio"/> Merger
<input type="radio"/> Nonprofit	<input type="radio"/> Dissolution/Withdrawal	<input type="radio"/> Mark
<input checked="" type="radio"/> Foreign	<input type="radio"/> Reinstatement	
<input type="radio"/> Limited Partnership	<input type="radio"/> Annual Report	<input type="radio"/> Other
<input type="radio"/> LLC	<input type="radio"/> Name Registration	<input type="radio"/> Change of RA
	<input type="radio"/> Fictitious Name	<input type="radio"/> UCC
<input type="radio"/> Certified Copy	<input type="radio"/> Photocopies	<input type="radio"/> CUS
<input type="radio"/> Call When Ready	<input type="radio"/> Call If Problem	<input type="radio"/> After 4:30
<input checked="" type="radio"/> Walk In	<input type="radio"/> Will Wait	<input checked="" type="radio"/> Pick Up
<input type="radio"/> Mail Out		

Name \_\_\_\_\_  
Availability \_\_\_\_\_  
Document \_\_\_\_\_  
Examiner \_\_\_\_\_  
Updater \_\_\_\_\_  
Verifier \_\_\_\_\_  
W.P. Verifier \_\_\_\_\_

12/20/00

Order#: 3474745

Ref#: \_\_\_\_\_

Amount: \$ \_\_\_\_\_

RECEIVED  
00 DEC 20 PM 12:11  
DIVISION OF CORPORATION

660 East Jefferson Street  
Tallahassee, FL 32301  
Tel. 850 222 1092  
Fax 850 222 7615

*BK*  
*12/20*

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-12/20/00--01054--025  
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*9*

**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT  
BUSINESS IN FLORIDA**

*IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO  
REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.*

1. TCI CABLE PARTNER, INC.

(Name of corporation; must include the word "INCORPORATED", "COMPANY", "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present.)

2. Wyoming

(State or country under the law of which it is incorporated)

3. 84-1175520

(FEI number, if applicable)

4. 11-5-1991

(Date of incorporation)

5. perpetual

(Duration: Year corp. will cease to exist or "perpetual")

6. upon qualification

(Date first transacted business in Florida.) (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)

7. c/o Legal Department, 188 Inverness Drive West, Englewood, CO 80112

(Current mailing address)

8. Any lawful purpose for which corporations may be organized including but not limited to tele-communications.

(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)

9. **Name and street address of Florida registered agent:** (P.O. Box or Mail Drop Box **NOT** acceptable)

Name: C T Corporation System

Office Address: 1200 South Pine Island Road

Plantation, Florida, 33324

(Zip code)

10. **Registered agent's acceptance:**

*Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.*

C T Corporation System

Christen Walker  
(Registered agent's signature)

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

12. **Names and addresses of officers and/or directors:** (Street address **ONLY** - P.O. Box **NOT** acceptable)

**A. DIRECTORS (Street address only - P.O. Box NOT acceptable)**

Chairman: See attached for list of directors

Address: \_\_\_\_\_  
\_\_\_\_\_

Vice Chairman: \_\_\_\_\_

Address: \_\_\_\_\_

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Director: \_\_\_\_\_

Address: \_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_

**B. OFFICERS (Street address only - P.O. Box NOT acceptable)**

President: See attached for list of officers

Address: \_\_\_\_\_

Vice President: \_\_\_\_\_

Address: \_\_\_\_\_

Secretary: \_\_\_\_\_

Address: \_\_\_\_\_

Treasurer: \_\_\_\_\_

Address: \_\_\_\_\_

**NOTE:** If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. Mary M. McChesney  
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. Mary M. McChesney, Assistant Secretary  
(Typed or printed name and capacity of person signing application)

TCI CABLE PARTNER, INC.

DIRECTOR  
DIRECTOR  
PRES  
SR VP  
SR VP  
GROUP VP, HUMAN RESOURCES  
GROUP VP, OPERATIONS  
GROUP VP, FINANCE/SEC/ASST TREAS  
GROUP VP, ENGINEERING  
GROUP VP, SALES  
VP/MARKET CFO  
VP/MARKET CFO  
VP/MARKET CFO  
GROUP VP - MEDIA SERVICES  
VP/ASST SEC  
VP  
VP/ASST TREAS  
TREAS  
ASST VP  
ASST SEC  
ASST SEC  
ASST SEC  
ASST SEC  
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ASST TREAS

HUSEBY  
SOMERS  
MAZUR  
SCHULTZ  
UNGLAUB  
AZNOIAN  
GAMBLE  
MENGE  
OLANDER  
ZEULI  
FRITZ  
MAKOWSKI  
MAKOWSKI  
LONGFELLOW  
BAILEY  
DI BLASIO  
HUSEBY  
DWYER  
GOOKIN  
FIALKY  
HOWERTON  
KOLES  
MCCHESNEY  
NEWCOMB  
ZEREFOS  
FOSS  
VRANA  
BRECHER  
DUAH  
HAYES  
LACY  
SHANK  
TUTNAUER  
WIGGINS  
LI  
RILEY  
STUHR  
HARRIS

Business Address: c/o 188 Inverness Drive West, Englewood, CO 80112

MICHAEL  
DANIEL  
JAMES  
CHARLES  
TOM  
KAREN  
JOSEPH  
BRETT  
JOHN  
FRAN  
THOMAS  
STEVEN  
STEVEN  
STEVEN  
RICK  
ALFREDO  
MICHAEL  
EDWARD  
NOLAN  
JEFF  
DEBRA  
KATHRYN  
MARY  
JONATHAN  
JAMES  
GEORGE  
CHRISTOPHER  
EPHRAIM  
ANTOINETTE  
MARIANNE  
KARLENE  
JOHN  
JEFFREY  
GARY  
JAMES  
PAUL  
BRIAN  
ERROL

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

# State of Wyoming

## Office of the Secretary of State



United States of America, }  
State of Wyoming } ss.

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

I, JOSEPH B. MEYER, Secretary of State of the State of Wyoming, do hereby certify that according to the records in the office of the Secretary of State of Wyoming, TCI CABLE PARTNER, INC. is a corporation organized under the laws of the State of Wyoming, whose date of incorporation is 11/05/1991; and whose period of duration is perpetual.

I FURTHER CERTIFY that this corporation has filed all annual reports and paid all annual license taxes to date, or is not yet required to file such annual reports; and that Articles of Dissolution have not been filed, thus making the corporation in existence in the State of Wyoming.

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the Great Seal of the State of Wyoming. Done at Cheyenne, the Capital, this 18th day of December A.D., 2000.



*Joseph B. Meyer*  
\_\_\_\_\_  
Secretary of State

By \_\_\_\_\_