

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # F00000007065**

1. Entity Name

**TCI CABLE PARTNER, INC.****FILED****Apr 16, 2001 8:00 am**  
**Secretary of State**

04-16-2001 90268 042 \*\*\*150.00

Principal Place of Business

Mailing Address

**C/O LEGAL DEPARTMENT  
188 INVERNESS DRIVE WEST  
ENGLEWOOD CO 80112****C/O LEGAL DEPARTMENT  
188 INVERNESS DRIVE WEST  
ENGLEWOOD CO 80112**

2. Principal Place of Business

**188 INVERNESS DR. W.**

Suite, Apt. #, etc.

3. Mailing Address

**P O BOX 5630**

Suite, Apt. #, etc.

City &amp; State

**ENGLEWOOD CO**

City &amp; State

**DENVER CO**

4. FEI Number

**84-1175520**

Applied For

Not Applicable

Zip

**80112**

Country

**US**

Zip

**80217-5630**

Country

**US**5. Certificate of Status Desired ☐**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☐**FILE NOW!!! FEE IS \$150.00  
After MAY 1, 2001 Fee will be \$550.00  
Make Check Payable to Department of State**10. Election Campaign Financing  
Trust Fund Contribution. ☐**\$5.00 May Be  
Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>HUSEBY, MICHAEL P</b>	
STREET ADDRESS	<b>188 INVERNESS DRIVE WEST</b>	
CITY-ST-ZIP	<b>ENGLEWOOD CO 80112</b>	

TITLE	<b>DIRECTOR</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>SOMERS, DANIEL E</b>	
STREET ADDRESS	<b>188 INVERNESS DRIVE WEST</b>	
CITY-ST-ZIP	<b>ENGLEWOOD CO 80112</b>	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>MAZUR, JAMES M</b>	
STREET ADDRESS	<b>188 INVERNESS DRIVE WEST</b>	
CITY-ST-ZIP	<b>ENGLEWOOD CO 80112</b>	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<b>V</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>SCHULTZ, CHARLES E</b>	
STREET ADDRESS	<b>188 INVERNESS DRIVE WEST</b>	
CITY-ST-ZIP	<b>ENGLEWOOD CO 80112</b>	

TITLE	<b>ASST. SECRETARY</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>SHANK, JOHN L.</b>	
STREET ADDRESS	<b>188 INVERNESS DR. W.</b>	
CITY-ST-ZIP	<b>ENGLEWOOD CO 80112</b>	

TITLE	<b>V</b>	<input type="checkbox"/> Delete
NAME	<b>UNGLAUB, TOM</b>	
STREET ADDRESS	<b>188 INVERNESS DRIVE WEST</b>	
CITY-ST-ZIP	<b>ENGLEWOOD CO 80112</b>	

TITLE	<b>SECRETARY</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>MENGES, BRETT</b>	
STREET ADDRESS	<b>188 INVERNESS DR. W.</b>	
CITY-ST-ZIP	<b>ENGLEWOOD CO 80112</b>	

TITLE	<b>V</b>	<input type="checkbox"/> Delete
NAME	<b>AZNOIAN, KAREN</b>	
STREET ADDRESS	<b>188 INVERNESS DRIVE WEST</b>	
CITY-ST-ZIP	<b>ENGLEWOOD CO 80112</b>	

TITLE	<b>TREASURER</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>DWYER, EDWARD M.</b>	
STREET ADDRESS	<b>188 INVERNESS DR. W.</b>	
CITY-ST-ZIP	<b>ENGLEWOOD CO 80112</b>	

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**JOHN L. SHANK, ASST. SEC. 4/10/01**

Date

Daytime Phone #

**720-875-5322**

CR2E034 (10/00)