

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # F24401 (4)

1. Corporation Name

MIAMI TELE-COMMUNICATIONS, INC.



Principal Place of Business

Mailing Address

5619 DTC PARKWAY
TAX DEPT.
ENGLEWOOD CO 80111
US

P.O. BOX 5630
DENVER CO 80217

3. Date Incorporated or Qualified
05/31/1981

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

84-0944848

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

City & State

City & State

23

28

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

Zip

Country

Zip

Country

24

25

29

30

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

TPH
1201 HAYS ST
SUITE 105
TALLAHASSEE FL 32301

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation 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 the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE V ☒ DELETE
NAME FISHER, DONNE F
STREET ADDRESS 5619 DTC PKWY
CITY-ST-ZIP ENGLEWOOD CO

1.1 TITLE V ☒ Change ☐ Addition
1.2 NAME GARY S. HOWARD
1.3 STREET ADDRESS 5619 DTC PARKWAY
1.4 CITY-ST-ZIP ENGLEWOOD, CO 80111

TITLE VCOD ☒ DELETE
NAME CLOUSTON, BRENDA R
STREET ADDRESS 5619 DTC PARKWAY
CITY-ST-ZIP ENGLEWOOD CO

2.1 TITLE PD ☒ Change ☐ Addition
2.2 NAME THOMAS R. BARBERINI
2.3 STREET ADDRESS 2204 LAKE SHORE DR., STE. 325
2.4 CITY-ST-ZIP BIRMINGHAM, AL 35209

TITLE PD ☐ DELETE
NAME MARSHALL, BARRY P.
STREET ADDRESS 5619 DTC PKWY
CITY-ST-ZIP ENGLEWOOD CO

3.1 TITLE COD ☒ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE DVP ☒ DELETE
NAME BRACKEN, GARY K.
STREET ADDRESS 5619 DTC PKWY
CITY-ST-ZIP ENGLEWOOD CO

4.1 TITLE AVP ☐ Change ☒ Addition
4.2 NAME COLIN R. STONER
4.3 STREET ADDRESS 5619 DTC PARKWAY
4.4 CITY-ST-ZIP ENGLEWOOD, CO 80111

TITLE S ☒ DELETE
NAME DAVIS, TERREL E.
STREET ADDRESS 5619 DTC PKWY
CITY-ST-ZIP ENGLEWOOD CO

5.1 TITLE S ☒ Change ☐ Addition
5.2 NAME STEPHEN M. BRETT
5.3 STREET ADDRESS 5619 DTC PARKWAY
5.4 CITY-ST-ZIP ENGLEWOOD, CO 80111

TITLE AVP ☐ DELETE
NAME HALSEY, GREG
STREET ADDRESS 5619 DTC PARKWAY
CITY-ST-ZIP ENGLEWOOD CO

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. 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)(f), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Greg Halsey
Assistant Vice President

4/25/96

(303) 267-5500

Date

Daytime Phone #

CR2E034 (12/95)