

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
May 04 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **F24401** (4)
1. Corporation Name
MIAMI TELE-COMMUNICATIONS, INC.



Principal Place of Business 5619 DTC PARKWAY TAX DEPT. ENGLEWOOD CO 80111 US	Mailing Address P.O. BOX 5630 DENVER CO 80217
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29		3. Date Incorporated or Qualified 05/31/1981	
				4. FEI Number 84-0944848	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent TPH 1201 HAYS ST SUITE 105 TALLAHASSEE FL 32301				10. Name and Address of New Registered Agent	
				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	<input type="checkbox"/> DELETE		1.1 TITLE	AV	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BLAYLOCK, GARY			1.2 NAME			
STREET ADDRESS	5619 DTC PKWY			1.3 STREET ADDRESS			
CITY-ST-ZIP	ENGLEWOOD CO			1.4 CITY-ST-ZIP			
TITLE	PD	<input type="checkbox"/> DELETE		2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BARBERINI, THOMAS R			2.2 NAME			
STREET ADDRESS	2204 LAKE SHORE DR SUTIE 325			2.3 STREET ADDRESS			
CITY-ST-ZIP	BIRMINGHAM AL			2.4 CITY-ST-ZIP			
TITLE	AVP	<input type="checkbox"/> DELETE		3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	STONER, COLIN R.			3.2 NAME			
STREET ADDRESS	5619 DTC PKWY			3.3 STREET ADDRESS			
CITY-ST-ZIP	ENGLEWOOD CO			3.4 CITY-ST-ZIP			
TITLE	VS	<input type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BRETT, STEPHEN M.			4.2 NAME			
STREET ADDRESS	5619 DTC PKWY			4.3 STREET ADDRESS			
CITY-ST-ZIP	ENGLEWOOD CO			4.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE	AV	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME				5.2 NAME	GOOKIN, NOLAN D.		
STREET ADDRESS				5.3 STREET ADDRESS	5619 DTC PARKWAY		
CITY-ST-ZIP				5.4 CITY-ST-ZIP	ENGLEWOOD, CO 80111		
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME				6.2 NAME	JONES, MARVIN		
STREET ADDRESS				6.3 STREET ADDRESS	5619 DTC PARKWAY		
CITY-ST-ZIP				6.4 CITY-ST-ZIP	ENGLEWOOD, CO 80111		

14. 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 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.

SIGNATURE: **Nolan D. Gookin**
Assistant Vice President

Nolan D. Gookin 4/27/98

303-267-5500

CP2E034 (10/97)