FILED

## 2001 UNIFORM BUSINESS REPORT (UBR)

## Apr 23, 2001 8:00 am Secretary of State **DOCUMENT # F24401** MIAMI TELE-COMMUNICATIONS, INC. 04-23-2001 90247 012 \*\*\*150.00 Principal Place of Business Mailing Address 9197 S PEORIA ST P.O. BOX 5630 ENGLEWOOD CO 80112-5833 DENVER CO 80217 2. Principal Place of Business 3. Mailing Address 188 INVERNESS DR. W. Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For City & State 4. FEI Number 84-0944848 **ENGLEWOOD** CO Not Applicable Ziρ Country Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND RD. PLANTATION FL 33324 City 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 1 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. CR2E034 (10/00) ☐★Addition X Delete TITLE Change TITLE PRES. KOLES, KATHRYN NAME MAZUR, JAMES M. STREET ADDRESS STREET ADDRESS 9197 S PEORIA ST 188 INVERNESS DR. W. CITY-ST-7IP CITY-ST-ZIP ENGLEWOOD CO 80112-5833 ENGLEWOOD CO 80112 ☐ Change Addition TITLE Delete TITLE SEC/VP/AT BARTOLOTTA, CHARLES NAME NAME MENGE, BRETT STREET ADDRESS STREET ADDRESS 9197 S PEORIA ST 188 INVERNESS DR. W. CITY-ST-ZIP CITY-ST-ZIF ENGLEWOOD CO 80112-5833 ENGLEWOOD CO 80112 T -----Change Addition -TITLE-Delete 7 TITLE TREASURER **ULLRICH, JOANN** NAME NAME DWYER, EDWARD M. STREET ADDRESS STREET ADDRESS 9197 S PEORIA ST 188 INVERNESS DR. W. CITY-ST-ZIP CITY-ST-ZIP ENGLEWOOD CO 80112-5833 ENGLEWOOD CO 80112 TITLE Delete TITLE ☐ Change ★ Addition DIRECTOR FITZGERALD, WILLIAM R NAME NAME SOMERS, DANIEL E. 9197 S PEORIA ST STREET ADDRESS STREET ADDRESS 188 INVERNESS DR. W. CITY-ST-ZIP ENGLEWOOD CO 80112-5833 CITY-ST-ZIP ENGLEWOOD CO 80112 TITLE ☑ Delete TITLE DIRECTOR Change X Addition GOOKIN, NOLAN D NAME NAME HUSEBY, MICHEL P. 9197 S PEORIA ST STREET ADDRESS STREET ADDRESS 188 INVERNESS DR. W. CITY-ST-7IP ENGLEWOOD CO 80112-5833 CITY-ST-ZIP ENGLEWOOD CO 80112 ☐ Delete TITLE TITLE ☐ Change ★ Addition ASST. SECRETARY NAME NAME SHANK, JOHN L. STREET ADDRESS STREET ADDRESS 188 INVERNESS DR. W. CITY-ST-ZIP ENGLEWOOD CO 80112

13. It hereby certify that the information supplied with this filling 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:

JOHN L. SHANK, ASST. SEC. 4/10/01 720-875-5322