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 # **F54166** **(6)**

1. Corporation Name
TELESAT CABLEVISION OF SOUTH FLORIDA, INC.

Principal Place of Business
ATTN: D P COYLE
2101 NW 33RD ST #600
POMPANO BEACH FL 33069

Mailing Address
700 UNIVERSE BLVD
ATTN: COYLE. DENNIS. P
JUNO BEACH FL 33408
US

3. Date Incorporated or Qualified: 11/13/1981
3a. Date of Last Report: 04/10/1995

2. Principal Place of Business
21 700 UNIVERSE BLVD.
Suite, Apt. #, etc.
22 ATTN: DENNIS P. COYLE
City & State
23 JUNO BEACH, FL
Zip 24 33408 Country 25 USA

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

4. FEI Number: 59-2140120 [ ] Applied For [ ] Not Applicable

5. Certificate of Status Desired [ ] $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution [ ] $5.00 May Be Added to Fees

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

9. Name and Address of Current Registered Agent
LEON, J E
9250 W. FLAGLER STREET
MIAMI FL 33174

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 resigning) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DV [ ] DELETE	1.1 TITLE	[✓] Change [ ] Addition
NAME	GELBER, LESLIE J	1.2 NAME	
STREET ADDRESS	1400 CENTREPARK BLVD S600	1.3 STREET ADDRESS	11760 U.S. HIGHWAY ONE #600
CITY-ST-ZIP	W PALM BCH FL	1.4 CITY-ST-ZIP	NORTH PALM BEACH, FL 33408
TITLE	DP [✓] DELETE	2.1 TITLE	[ ] Change [ ] Addition
NAME	CUSHING, H.P.	2.2 NAME	
STREET ADDRESS	2101 NW 33RD ST #600	2.3 STREET ADDRESS	
CITY-ST-ZIP	POMPANO BEACH FL	2.4 CITY-ST-ZIP	
TITLE	T [ ] DELETE	3.1 TITLE	[ ] Change [ ] Addition
NAME	SAMIL, DILEK L	3.2 NAME	
STREET ADDRESS	700 UNIVERSE BOULEVARD	3.3 STREET ADDRESS	
CITY-ST-ZIP	JUNO BEACH FL	3.4 CITY-ST-ZIP	
TITLE	DS [ ] DELETE	4.1 TITLE	D/P/S [✓] Change [ ] Addition
NAME	COYLE, DENNIS P	4.2 NAME	
STREET ADDRESS	700 UNIVERSE BLVD	4.3 STREET ADDRESS	
CITY-ST-ZIP	JUNO BCH FL	4.4 CITY-ST-ZIP	
TITLE	[ ] DELETE	5.1 TITLE	[ ] Change [ ] Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	[ ] DELETE	6.1 TITLE	[ ] Change [ ] Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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)(k), 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: Dennis P. Coyle 03/01/96 (407) 694-4644
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)