

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

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Linda E. McMath  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **F93000001337**

V Cable GP, Inc.

F93000001337(5)

300001488548  
-05/24/95--01081--016  
\*\*\*\*200.00 \*\*\*\*200.00

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>One Media Crossways</b>		2a. Mailing Address <b>One Media Crossways</b>		3. Date Incorporated or Qualified <b>3/17/93</b>		3a. Date of Last Report <b>1/28/94</b>	
21. State Apt # etc.		26. State Apt # etc.		4. FEI Number <b>11-3101886</b>		Applied For Not Applicable	
22. City & State <b>Woodbury, NY</b>		27. City & State <b>Woodbury, NY</b>		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
23. ZIP <b>11797</b>		28. ZIP <b>11797</b>		29. Country <b>USA</b>		30. Country <b>USA</b>	
9. Name and Address of Current Registered Agent <b>The Prentice Hall Cororation System, Inc. 110 North Magnolia Street Tallahassee, FL 32301</b>				10. Name and Address of New Registered Agent <b>The Prentice Hall Corporation System, Inc. 1201 Hayes Street Suite 105 Tallahassee FL 32301</b>			

11. Pursuant to the provisions of Sections 607, 607.01, and 607.1508, Florida Statutes, the above named corporation submits the 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. Thereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.01(2)(b), Florida Statutes.

SIGNATURE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY & STATE ZIP	C/D Dolan, Charles F. One Media Crossways Woodbury, NY 11797	TITLE NAME STREET ADDRESS CITY & STATE ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add/Ret
TITLE NAME STREET ADDRESS CITY & STATE ZIP	P/D Jarvis Byron D. One Media Crossways Woodbury, NY 11797	TITLE NAME STREET ADDRESS CITY & STATE ZIP	D/Executive V.P. & General Counsel & Secretary Robert S. Lemle One Media Crossways, Woodbury, NY 11797
TITLE NAME STREET ADDRESS CITY & STATE ZIP	V/C/D Bell, William J. One Media Crossways Woodbury, NY 11696	TITLE NAME STREET ADDRESS CITY & STATE ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add/Ret
TITLE NAME STREET ADDRESS CITY & STATE ZIP	V/C/D Randolph, F. FJR. One Media Crossways Woodbury, NY 11797	TITLE NAME STREET ADDRESS CITY & STATE ZIP	D Quinn William One Media Crossways Woodbury, NY 11797
TITLE NAME STREET ADDRESS CITY & STATE ZIP	V/C/D Kofalt, James A. One Media Crossways Woodbury, NY 11797	TITLE NAME STREET ADDRESS CITY & STATE ZIP	V.P. & Controller Shaw, Jerry One Media Crossways Woodbury, NY
TITLE NAME STREET ADDRESS CITY & STATE ZIP	V/C/D Lustgarten, Marc A. One Media Crossways Woodbury, NY 11797	TITLE NAME STREET ADDRESS CITY & STATE ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add/Ret

14. I, the undersigned, certify that the information reported with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 607.01(2)(b), 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 this corporation or the manager or trustee authorized to execute this report as required by Chapter 607, Florida Statutes, and that my name appears on the filing of this statement as an attachment with an address.

SIGNATURE: Robert S. Lemle 4/3/95 (516) 364-8450

**EXPIRES BY MAY 1**