

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

**PROFIT CORPORATION ANNUAL REPORT 1996**



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

**DOCUMENT # F93000001337 (5)**

1. Corporation Name  
**V CABLE GP, INC.**



Principal Place of Business Meeting Address  
**ONE MEDIA CROSSWAYS WOODBURY NY 11797**

2. Principal Place of Business 2a. Meeting Address  
21 State, Apt. #, etc. 26 **c/o Corporate Paralegal**  
22 City & State 27  
23 Zip 28 City & State  
24 Country 25 Country 29 Zip 30

3. Date Incorporated or Qualified **03/17/1993** 3a. Date of Last Report **05/01/1995**  
4. FEI Number **11-3101886** 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**

**THE PRENTICE-HALL CORPORATION SYSTEM, INC.  
1201 HAYS STREET  
SUITE 105  
TALLAHASSEE FL 32301**

10. Name and Address of New Registered Agent  
B1 Name  
B2 Street Address (P.O. Box Number is Not Acceptable)  
B3  
B4 City, State, Zip Code **FL** B5

11. Pursuant to the provisions of Sections 607.0507 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. Thereby, accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.070, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS  
12a.  DELETE  
TITLE **CD**  
NAME **DOLAN, CHARLES F**  
STREET ADDRESS **ONE MEDIA CROSSWAYS**  
CITY, STATE, ZIP **WOODBURY NY 11797**  
 CHANGE  ADDITION  
TITLE  DELETE  
NAME **VPSD**  
STREET ADDRESS **LEMLE, ROBERT S**  
CITY, STATE, ZIP **ONE MEDIA CROSSWAYS**  
 CHANGE  ADDITION  
TITLE  DELETE  
NAME **VCD**  
STREET ADDRESS **BELL, WILLIAM J**  
CITY, STATE, ZIP **ONE MEDIA CROSSWAYS**  
 CHANGE  ADDITION  
TITLE  DELETE  
NAME **D**  
STREET ADDRESS **QUINN, WILLIAM**  
CITY, STATE, ZIP **ONE MEDIA CROSSWAYS**  
 CHANGE  ADDITION  
TITLE  DELETE  
NAME **VPC**  
STREET ADDRESS **SHAW, JERRY**  
CITY, STATE, ZIP **ONE MEDIA CROSSWAYS**  
 CHANGE  ADDITION  
TITLE  DELETE  
NAME **VCD**  
STREET ADDRESS **LUSTGARTEN, MARC**  
CITY, STATE, ZIP **ONE MEDIA CROSSWAYS**  
 CHANGE  ADDITION

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  
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**-04/01/96--01027--036**  
**\*\*\*200.00**

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 supplement to 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

3-25-96 516-393-1248

CR2E034 (12/95)

3-30-1996