

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

FILED

Feb 17 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **F93000001337 (5)**
1. Corporation Name
V CABLE GP, INC.



Principal Place of Business ONE MEDIA CROSSWAYS WOODBURY NY 11797	Mailing Address ONE MEDIA CROSSWAYS WOODBURY NY 11797-2062
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3. Date Incorporated or Qualified 03/17/1993	3a. Date of Last Report 03/30/1996
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2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	25. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Country
24. Country	29. Zip
25. Country	30. Country

4. FEI Number 11-3101886	Applied For <input type="checkbox"/> Not Applicable
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
6. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> 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

81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	CD	<input type="checkbox"/> DELETE
NAME	DOLAN, CHARLES F	
STREET ADDRESS	ONE MEDIA CROSSWAYS	
CITY - ST - ZIP	WOODBURY NY 11797	
TITLE	VPSD	<input type="checkbox"/> DELETE
NAME	LEMLE, ROBERT S	
STREET ADDRESS	ONE MEDIA CROSSWAYS	
CITY - ST - ZIP	WOODBURY NY 11797	
TITLE	VCD	<input type="checkbox"/> DELETE
NAME	BELL, WILLIAM J	
STREET ADDRESS	ONE MEDIA CROSSWAYS	
CITY - ST - ZIP	WOODBURY NY 11797	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	QUINN, WILLIAM	
STREET ADDRESS	ONE MEDIA CROSSWAYS	
CITY - ST - ZIP	WOODBURY NY 11797	
TITLE	VCD	<input type="checkbox"/> DELETE
NAME	LUSTGARTEN, MARC	
STREET ADDRESS	ONE MEDIA CROSSWAYS	
CITY - ST - ZIP	WOODBURY NY 11797	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	COO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Robert May	
1.3 STREET ADDRESS	One Media Crossways	
1.4 CITY - ST - ZIP	Woodbury, NY 11797	
2.1 TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Renzo Mori	
2.3 STREET ADDRESS	One Media Crossways	
2.4 CITY - ST - ZIP	Woodbury, NY 11797	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY - ST - ZIP		

14. I do 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, or on an attachment with an address.

SIGNATURE: _____ SIGNATURE REQUIRED

2/10/97

CR2E034 (9/96)