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CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN 14 PM 0:07

DOCUMENT # **F94000001625 (2)**

1. Corporation Name

TELE-COMMUNICATIONS GROUP, INC. OF DELAWARE

Principal Place of Business	Mailing Address
2300 TREASURE ISLE DR #78 PALM BEACH GARDENS FL 33410	2300 TREASURE ISLE DR #78 PALM BEACH GARDENS FL 33410

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/31/1994
3a. Date of Last Report: 3/31/94

2. Principal Place of Business	2a. Mailing Address
21 4777 Square Lake Dr.	26 4777 Square Lake Dr.
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: P.B. Gardens, Fl.	28 City & State: P.B.Gardens, Fl.
24 Zip: 33418 / 25 Country: Palm Beach	29 Zip: 33418 / 30 Country: USA

4. FEI Number: 65-0288550 ☐ 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	10. Name and Address of New Registered Agent
ODDER, TED A 2300 TREASURE ISLE DR #78 PALM BEACH GARDENS FL 33410	81 Name: Tim Jenkins 82 Street Address (P.O. Box Number is Not Acceptable): 4777 Square Lake Drive 83 84 City: P.B. Gardens FL 85 Zip Code: 33410

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] DATE: 6/7/95
Signature required of printed name of registered agent and title if applicable. (811 Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CP	11 TITLE	President/Chairman ☒ Change ☐ Addition
NAME	ODDER, TED A	12 NAME	H. Bradley Ganther
STREET ADDRESS	2300 TREASURE ISLE DR #78	13 STREET ADDRESS	4777 Square Lake Drive
CITY-ST-ZIP	PALM BEACH GARDENS FL	14 CITY-ST-ZIP	Palm Beach Gardens, Fl. 33418
TITLE	VD	21 TITLE	☐ Change ☐ Addition
NAME	DARR, JAMES R	22 NAME	
STREET ADDRESS	2300 TREASURE ISLE DR #78	23 STREET ADDRESS	
CITY-ST-ZIP	PALM BEACH GARDENS FL	24 CITY-ST-ZIP	
TITLE	SD	31 TITLE	☐ Change ☐ Addition
NAME	GANTHER, ANGELA	32 NAME	
STREET ADDRESS	4777 SQUARE LAKE DR	33 STREET ADDRESS	
CITY-ST-ZIP	PALM BEACH GARDENS FL	34 CITY-ST-ZIP	
TITLE		41 TITLE	Comptroller ☐ Change ☒ Addition
NAME		42 NAME	Tim Jenkins
STREET ADDRESS		43 STREET ADDRESS	4777 Square Lake Drive
CITY-ST-ZIP		44 CITY-ST-ZIP	Palm Beach Gardens, Fl. 33418
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 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)(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: Angela Ganther Secretary/Treasurer 6-7-95 407-624-2616
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0250400 CP