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FILED
May 19 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # F94000002090 (8)

1. Corporation Name
INTERACTIVE CABLE SYSTEMS, INC.



Principal Place of Business: 1901 Glenville Dr. Suite 800, RICHARDSON TX 75080-75081
Mailing Address: 1901 Glenville Dr. Suite 800, RICHARDSON TX 75080-4301 75081

3. Date Incorporated or Qualified: 04/21/1994
3a. Date of Last Report: 05/01/1996

2. Principal Place of Business: 21 1901 Glenville Dr., Suite 800, Richardson, Texas, 75081
2a. Mailing Address: 26 Same, Suite 800, Richardson, Texas, 75081
22 Suite 800
23 Richardson, Texas
24 75081, Dallas

4. FEI Number: 95-4420240
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

NATIONSCORP REGISTERED AGENTS INC.
526 EAST PARK AVE.
TALLAHASSEE FL 32301

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code: FL

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: D NAME: CAREY, CHASE STREET ADDRESS: P.O. BOX 900 N A CITY-ST-ZIP: BEVERLY HILLS CA 90210	<input type="checkbox"/> DELETE
TITLE: D NAME: ADELSON, GARY STREET ADDRESS: 9030 BRIARCREST LN. CITY-ST-ZIP: BEVERLY HILLS CA 90210	<input type="checkbox"/> DELETE
TITLE: P NAME: PAPA, ANTHONY E STREET ADDRESS: 10100 SANTA MONICA BLVD. STE. #1500 CITY-ST-ZIP: LOS ANGELES CA 90067	<input checked="" type="checkbox"/> DELETE
TITLE: COF NAME: KEEFE, DAVID J STREET ADDRESS: 10100 SANTA MONICA BLVD. STE. #1500 CITY-ST-ZIP: LOS ANGELES CA 90067	<input checked="" type="checkbox"/> DELETE
TITLE: VCS NAME: NADEL, PAUL STREET ADDRESS: 10100 SANTA MONICA BLVD. STE. #1500 CITY-ST-ZIP: LOS ANGELES CA 90067	<input checked="" type="checkbox"/> DELETE
TITLE: CVT NAME: SHPALL, WILLIAM A STREET ADDRESS: 10100 SANTA MONICA BLVD. STE. #1500 CITY-ST-ZIP: LOS ANGELES CA 90067	<input checked="" type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
11 TITLE: P 12 NAME: Kevin L. Schottlaender 13 STREET ADDRESS: 7046 Currin Drive 14 CITY-ST-ZIP: Dallas, Texas 75203	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
21 TITLE: T 22 NAME: Thomas DuPont 23 STREET ADDRESS: 164 Vernon Ave. 24 CITY-ST-ZIP: Vernon, Conn 06066	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
31 TITLE: S 32 NAME: Carl Koenig 33 STREET ADDRESS: 7859 El Pensador 34 CITY-ST-ZIP: Dallas, TX 75248	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
41 TITLE: D 42 NAME: Douglas L. Maine 43 STREET ADDRESS: 10912 Martingale Court 44 CITY-ST-ZIP: Potomac, MD 20854	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
51 TITLE: D 52 NAME: Michael J. Rowny 53 STREET ADDRESS: 5617 Grove St. 54 CITY-ST-ZIP: Chevy Chase, MD 20815	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
61 TITLE: 62 NAME: 63 STREET ADDRESS: 64 CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 or changed on an attachment with an address

SIGNATURE: Carl Koenig Carl Koenig, Secretary 4/21/97 (972) 669-6117
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)