


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

FILED
Jan 27 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **F94000002090 (8)**

1. Corporation Name

INTERACTIVE CABLE SYSTEMS, INC.



Principal Place of Business

Mailing Address

**1801 GLENVILLE DR
SUITE 800
RICHARDSON TX 75080
US**

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SUITE 800
RICHARDSON TX 75080
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/21/1994

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21	26	95-4420240	<input type="checkbox"/> Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
22	27	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
City & State	City & State	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	<input type="checkbox"/> Yes <input type="checkbox"/> No
23	28		
Zip	Zip		
24	29		
Country	Country		
25	30		

9. Name and Address of Current Registered Agent

**NATIONSCORP REGISTERED AGENTS INC.
528 EAST PARK AVE.
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

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input checked="" type="checkbox"/> DELETE	1.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CAREY, CHASE	1.2 NAME	Dennis Dolan
STREET ADDRESS	P.O. BOX 900 N A	1.3 STREET ADDRESS	2 World Financial Center, Bldg. B
CITY-ST-ZIP	BEVERLY HILLS CA 90210	1.4 CITY-ST-ZIP	New York, N.Y. 10281
TITLE	D <input checked="" type="checkbox"/> DELETE	2.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ADELSON, GARY	2.2 NAME	Skip Victor
STREET ADDRESS	9030 BRIARCREST LN.	2.3 STREET ADDRESS	11100 Santa Monica Blvd. Suite 830
CITY-ST-ZIP	BEVERLY HILLS CA 90210	2.4 CITY-ST-ZIP	Los Angeles, CA 90025
TITLE	P <input type="checkbox"/> DELETE	3.1 TITLE	VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SCHOTTLAENDER, KEVIN L	3.2 NAME	Ken Kemper
STREET ADDRESS	7046 CURRIN DR	3.3 STREET ADDRESS	8600 Hidden River Parkway, Suite 50
CITY-ST-ZIP	DALLAS TX	3.4 CITY-ST-ZIP	Tampa, Fla. 33637
TITLE	T <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DUPONT, THOMAS	4.2 NAME	
STREET ADDRESS	164 VERNON AVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	VERNON CT	4.4 CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KOENIG, CARL	5.2 NAME	
STREET ADDRESS	7859 EL PENSADOR	5.3 STREET ADDRESS	
CITY-ST-ZIP	DALLAS TX	5.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MAINE, DOUGLAS L	6.2 NAME	
STREET ADDRESS	10912 MARTINGALE CT	6.3 STREET ADDRESS	
CITY-ST-ZIP	POTOMAC MD	6.4 CITY-ST-ZIP	

14. I 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:

Carl Koenig, Secretary (972) 669-6117

CR2E034 (10/97)