

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

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED
Feb 14 1997 8:00am
Secretary of State

DOCUMENT # **F94000006228 (0)**

1. Corporation Name

KBL COMMUNICATIONS, INC.

Principal Place of Business
**300 FIRST STAMFORD PLACE
STAMFORD CT 06902**

Mailing Address
**C/O TWC TAX DEPT.
P.O. BOX 6700
ENGLEWOOD CO 80155-6700**



3. Date Incorporated or Qualified 12/06/1994	3a. Date of Last Report 03/19/1996
4. FEI Number 76-0449546	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	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Country
24 Zip	25 Country
29 Zip	30 Country

9. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 S. PINE ISLAND RD PLANTATION FL 33324		10. Name and Address of New Registered Agent	
81 Name			
82 Street Address (P.O. Box Number is Not Acceptable)			
83			
84 City	FL	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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DSVP <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRESSLER, RICHARD J	1.2 NAME	
STREET ADDRESS	75 ROCKEFELLER PLAZA	1.3 STREET ADDRESS	
CITY - ST - ZIP	NEW YORK NY 10019	1.4 CITY - ST - ZIP	
TITLE	P <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAGE, PETER R	2.2 NAME	
STREET ADDRESS	75 ROCKEFELLER PLAZA	2.3 STREET ADDRESS	
CITY - ST - ZIP	NEW YORK NY 10019	2.4 CITY - ST - ZIP	
TITLE	VP <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHRISTIE, WARREN A	3.2 NAME	
STREET ADDRESS	1271 AVENUE OF THE AMERICAS	3.3 STREET ADDRESS	
CITY - ST - ZIP	NEW YORK NY 10020	3.4 CITY - ST - ZIP	
TITLE	VP <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MC ENERNEY, THOMAS W	4.2 NAME	
STREET ADDRESS	75 ROCKEFELLER PLAZA	4.3 STREET ADDRESS	
CITY - ST - ZIP	NEW YORK NY 10019	4.4 CITY - ST - ZIP	
TITLE	VP <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PETTY, RICHARD M	5.2 NAME	
STREET ADDRESS	300 FIRST STAMFORD PLACE	5.3 STREET ADDRESS	
CITY - ST - ZIP	STAMFORD CT 06902	5.4 CITY - ST - ZIP	
TITLE	VPT <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RUCKMAN, R. MACKERETH	6.2 NAME	
STREET ADDRESS	75 ROCKEFELLER PLAZA	6.3 STREET ADDRESS	
CITY - ST - ZIP	NEW YORK NY 10019	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: *Laurie Haff* Asst. Treasurer 2/5/97 (303) 799-1200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)