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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F9500001614 (5)

TCI TELE-COMMUNICATIONS, INC.

Principal Place of Business Mailing Address **5619 DTC PARKWAY** 5619 DTC PARKWAY TAX DEPT TAX DEPT ENGLEWOOD CO 80111 ENGLEWOOD CO 80111 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 03/17/1995 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 84-1260157 21 26 Not Applicable Suite, Apt. #, etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. X Yes 24 30 25 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent THE PRENTICE-HALL CORPORATION SYSTEM, INC. Name 1201 HAYS ST., STE. 105 Street Address (P.O. Box Number is Not Acceptable) TALLAHASSEE FL 32301 83 84 City Zip Code 85 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) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. ☐ DELETE Y Change Addition TITLE 1.1 TITLE CEO/COB/D MALONE, JOHN C NAME 1.2 NAME **5619 DTC PARKWAY** STREET ADDRESS 1.3 STREET ADDRESS ENGLEWOOD CO 80111 CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETE Change Addition TITLE 2.1 TITLE FISHER, DONNE F NAME 2.2 NAME 5619 DTC PARKWAY STREET ADDRESS 2.3 STREET ADDRESS **ENGLEWOOD CO** CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE P/D x Change Addition TITLE 3.1 TITLE HINDERY, LEO J JR NAME 3.2 NAME 5619 DTC PARKWAY STREET ADDRESS 3.3 STREET ADDRESS **ENGLEWOOD CO** CITY-ST-ZIP 3.4. CITY-ST-ZIP ■ DELETE ☐ Change ☐ Addition 4.1 TITLE TITLE BRETT, STEPHEN M 4. 2 NAME NAME 5619 DTC PARKWAY 4.3 STREET ADDRESS STREET ADDRESS ENGLEWOOD CO 80111 CITY-ST-ZIP 4.4 CITY-ST-ZIP XX DELETE Change X Addition 5.1 TITLE CLOUSTON, BRENDAN R 52 NAME SCHOTTERS, BERNARD W., II NAME **5619 DTC PARKWAY** STREET ADDRESS 5.3 STREET ADDRESS 5619 DTC PARKWAY **ENGLEWOOD CO 80111** CITY-ST-ZIP 5.4 CITY-ST-ZIP ENGLEWOOD, CO 80111 DELETE ☐ Change Addition 6.1 TITLE TITLE ROMRELL, LARRY E 6.2 NAME

SIGNATURE:

5619 DTC PARKWAY

ENGLEWOOD CO 801 11

NAME

STREET ADDRESS

CITY-ST-ZIP

STEPHEN M. BRETT

6.3 STREET ADDRESS

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 supplier unal 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 appears with an address

4/22/98

FILED

May 12 1998 8:00am

Secretary of State

303-267-5500