

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

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # F96000000378 (7)

1. Corporation Name
TWI CABLE INC.

Principal Place of Business
75 ROCKEFELLER PLAZA
NEW YORK NY 10019

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

FILED
Feb 16 1998 8:00am
Secretary of State



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
01/04/1996

4. FEI Number
59-1353813

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 owes or has paid the current year intangible
Personal Property Tax due June 30. ☒ Yes ☐ No

2. Principal Place of Business
21 290 Harbor Drive
Suite, Apt. #, etc.

2a. Mailing Address
26 Suite, Apt. #, etc.

22 City & State
23 Stamford CT
24 Zip 06902 25 Country

27 City & State
28
29 Zip Country 30

9. Name and Address of Current Registered Agent
C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

61 Name

62 Street Address (P.O. Box Number is Not Acceptable)

63

64 City

FL 65 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
O'HAYRE, DAVID E
300 FIRST STAMFORD PLACE
STAMFORD CT

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VPCF
HARRIS, TOMMY J
300 FIRST STAMFORD PLACE
STAMFORD CT

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DV
HAYS, SPENCER B
TIME WARNER, 75 ROCKEFELLER PLAZA
NEW YORK NY 10019

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
V
ALLAMAN, GAIL L
TIME WARNER CABLE/5680 GREENWOOD PLZ BLVD.
ENGLEWOOD CO 80111

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VAS
APPELBAUM, MARC J
TIME WARNER CABLE/300 FIRST STAMFORD PLACE
STAMFORD CT 06902

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
V
CHRISTIE, WARREN A
TIME WARNER/1271 AVENUE OF THE AMERICAS
NEW YORK NY 10020

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
290 Harbor Dr.
Stamford, CT 06902

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
290 Harbor Dr.
Stamford, CT 06902

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☒ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
290 Harbor Dr.
Stamford, CT 06902

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Asst. Treasurer 1/29/98 (303) 799-1200

Date Daytime Phone # 0518007

CR2E034 (1097)