

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

FILED

Apr 03 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 # F96000000904 (0)

1. Corporation Name
JONES CABLE HOLDINGS, INC.



Principal Place of Business 9697 EAST MINERAL AVENUE ENGLEWOOD CO 80112	Mailing Address 9697 EAST MINERAL AVENUE ENGLEWOOD CO 80112-3408
---------------------------------------------------------------------------------------	--------------------------------------------------------------------------------

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 02/22/1996	3a. Date of Last Report
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	4. FEI Number 84-1323402		Applied For Not Applicable	
22. City & State	27. City & State	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23. Zip	28. Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24. Country	29. Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			

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	
B1. Name		B2. Street Address (P.O. Box Number is Not Acceptable)	
B3.		B4. City	
		B5. 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	COB <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JONES, GLENN R	1.2 NAME	
STREET ADDRESS	9697 EAST MINERAL AVENUE	1.3 STREET ADDRESS	
CITY - ST - ZIP	ENGLEWOOD CO 80112	1.4 CITY - ST - ZIP	
TITLE	DP <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	O'BRIEN, JAMES B	2.2 NAME	
STREET ADDRESS	9697 EAST MINERAL AVENUE	2.3 STREET ADDRESS	
CITY - ST - ZIP	ENGLEWOOD CO 80112	2.4 CITY - ST - ZIP	
TITLE	V <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WARREN, RUTH E	3.2 NAME	
STREET ADDRESS	9697 EAST MINERAL AVENUE	3.3 STREET ADDRESS	
CITY - ST - ZIP	ENGLEWOOD CO 80112	3.4 CITY - ST - ZIP	
TITLE	V <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COYLE, KEVIN P	4.2 NAME	
STREET ADDRESS	9697 EAST MINERAL AVENUE	4.3 STREET ADDRESS	
CITY - ST - ZIP	ENGLEWOOD CO 80112	4.4 CITY - ST - ZIP	
TITLE	VS <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	STEELE, ELIZABETH M	5.2 NAME	AS
STREET ADDRESS	9697 EAST MINERAL AVENUE	5.3 STREET ADDRESS	Lorri Ellis
CITY - ST - ZIP	ENGLEWOOD CO 80112	5.4 CITY - ST - ZIP	9697 E. Mineral Avenue Englewood, CO 80112
TITLE	T <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	POTTLO, J R	6.2 NAME	T
STREET ADDRESS	9697 EAST MINERAL AVENUE	6.3 STREET ADDRESS	J. Roy Pottle
CITY - ST - ZIP	ENGLEWOOD CO 80112	6.4 CITY - ST - ZIP	9697 E. Mineral Avenue Englewood, CO 80112

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:  3-26-97 303/784-8486

CR2E034 (9/96)