

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

FILED
Apr 29, 1999 8:00 am
Secretary of State

04-29-1999 90157 011 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **G61817**

1. Corporation Name

FLORIDA CABLEVISION MANAGEMENT CORP.



Principal Place of Business 290 HARBOR DR STAMFORD CT 06902 US	Mailing Address C/O TWC TAX DEPT P O BOX 6659 ENGLEWOOD CO 80155 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 09/29/1983	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 14-1649213	Applied For <input type="checkbox"/> Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
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
85	Zip Code

11. Pursuant to the provisions of Sections 607.05(2) 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	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAGE, PETER	1.2 NAME	
STREET ADDRESS	75 ROCKEFELLER PLAZA	1.3 STREET ADDRESS	
CITY-STATE-ZIP	NEW YORK NY 10019	1.4 CITY-STATE-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRESSLER, RICHARD J	2.2 NAME	
STREET ADDRESS	75 ROCKEFELLER PLAZA	2.3 STREET ADDRESS	
CITY-STATE-ZIP	NEW YORK NY 10019	2.4 CITY-STATE-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAYS, SPENCER B	3.2 NAME	
STREET ADDRESS	75 ROCKEFELLER PLAZA	3.3 STREET ADDRESS	
CITY-STATE-ZIP	NEW YORK NY 10019	3.4 CITY-STATE-ZIP	
TITLE	V <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALLAMAN, GAIL L	4.2 NAME	
STREET ADDRESS	160 INVERNESS DR W	4.3 STREET ADDRESS	
CITY-STATE-ZIP	ENGLEWOOD CO 80112	4.4 CITY-STATE-ZIP	
TITLE	AT <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARK KARAS	5.2 NAME	
STREET ADDRESS	160 INVERNESS DR W	5.3 STREET ADDRESS	
CITY-STATE-ZIP	ENGLEWOOD CO 80112	5.4 CITY-STATE-ZIP	
TITLE	V <input type="checkbox"/> DELETE	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WARREN, A. CHRISTIE	6.2 NAME	Christie, Warren, A
STREET ADDRESS	1271 AVENUE OF THE AMERICAS	6.3 STREET ADDRESS	75 Rockefeller Plaza
CITY-STATE-ZIP	NEW YORK NY 10020	6.4 CITY-STATE-ZIP	New York NY 10019

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ASST. TREASURER

Date

4/19/99

Daytime Phone #

(800) 799-1200

CR2E034 (11/98)