

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # H30045 (9)

1. Corporation Name

ATLANTIC AMERICAN CABLEVISION OF FLORIDA, INC.



Principal Place of Business

Mailing Address

5619 DTC PARKWAY
TAX DEPT
ENGLEWOOD CO 80111
US

P.O. BOX 5630
DENVER CO 80217

3. Date Incorporated or Qualified
11/14/1984

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

4. FEI Number

59-2485830

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 has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM INC
1201 HAYES STREET
STE - 105
TALLAHASSEE FL 32301

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☒ DELETE
NAME CLOUSTON, BRENDAN R
STREET ADDRESS 5619 DTC PARKWAY
CITY-ST-ZIP ENGLEWOOD CO

1.1 TITLE PD ☐ Change ☒ Addition
1.2 NAME THOMAS R. BARBERINI
1.3 STREET ADDRESS 2204 LAKE SHORE DR., STE. 325
1.4 CITY-ST-ZIP BIRMINGHAM, AL 35209

TITLE VPD ☒ DELETE
NAME BRACKEN, GARY K
STREET ADDRESS 5619 DTC PARKWAY
CITY-ST-ZIP ENGLEWOOD CO

2.1 TITLE COB/D ☐ Change ☒ Addition
2.2 NAME BARRY P. MARSHALL
2.3 STREET ADDRESS 5619 DTC PARKWAY
2.4 CITY-ST-ZIP ENGLEWOOD, CO 80111

TITLE S ☒ DELETE
NAME DAVIS, TERREL E.
STREET ADDRESS 5619 DTC PKWY
CITY-ST-ZIP ENGLEWOOD CO

3.1 TITLE VP/SEC ☐ Change ☒ Addition
3.2 NAME STEPHEN M. BRETT
3.3 STREET ADDRESS 5619 DTC PARKWAY
3.4 CITY-ST-ZIP ENGLEWOOD, CO 80111

TITLE VPT ☐ DELETE
NAME SCHOTTERS, BERNARD W II
STREET ADDRESS 5619 DTC PARKWAY
CITY-ST-ZIP ENGLEWOOD CO

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE AVP ☐ DELETE
NAME HALSEY, GREG
STREET ADDRESS 5619 DTC PARKWAY
CITY-ST-ZIP ENGLEWOOD CO

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE AVP ☐ DELETE
NAME GOOKIN, NOLAN
STREET ADDRESS 5619 DTC PARKWAY
CITY-ST-ZIP ENGLEWOOD CO

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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

Greg Halsey
Assistant Vice President

4/25/96

Date

Daytime Phone: #

(303) 267-5500

CR2E034 (12/95)