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Secretary of State

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PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # H30045

1. Corporation Name

ATLANTIC AMERICAN CABLEVISION OF FLORIDA, INC.

Principal Place of Business

**5619 DTC PARKWAY
TAX DEPT
ENGLEWOOD CO 80111
US**

Mailing Address

**P.O. BOX 5630
DENVER CO 80217**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/14/1984

4. FEI Number

59-2435830

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 the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

2a. Mailing Address

26 Suite, Apt. #, etc.

City & State

23 Zip Country

City & State

28 Zip Country

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**AV
BLAYLOCK, GARY
5619 DTC PARKWAY
ENGLEWOOD CO**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
BARBERINI, THOMAS
5619 DTC PARKWAY
ENGLEWOOD CO 80111**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VS
BRETT, STEPHEN M
5619 DTC PKWY
ENGLEWOOD CO**

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
JONES, MARVIN
5619 DTC PKWY
ENGLEWOOD CO 80111**

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

S

HAYES, MARK S.

5619 DTC PARKWAY

ENGLEWOOD, CO 80111

P/D

BARTOLOTTA, CHARLES

5619 DTC PARKWAY

ENGLEWOOD, CO 80111

V/AS

V/AT

D

FITZGERLAD, WILLIAM R.

5619 DTC PARKWAY

ENGLEWOOD, CO 80111

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:

Nolan D. Gookin

Nolan D. Gookin

Assistant Vice President

7/24/98

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/198)