

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 # J35563 (2)

1. Corporation Name

TCI 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
09/30/1986

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

25 Country

28 Zip

30 Country

4. FEI Number
84-1036950

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 HAYS STREET
SUITE 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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE DV ☒ DELETE
NAME BRACKEN, GARY
STREET ADDRESS 5619 DTC PKWY
CITY-ST-ZIP ENGLEWOOD CO

TITLE VPAS ☐ DELETE
NAME BRETT, STEPHEN M
STREET ADDRESS 5619 DTC PKWY
CITY-ST-ZIP ENGLEWOOD CO

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

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

TITLE DP ☐ DELETE
NAME MARSHALL, BARRY P.
STREET ADDRESS 5619 DTC PKWY
CITY-ST-ZIP ENGLEWOOD CO

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☒ Addition

1.2 NAME GARY S. HOWARD
1.3 STREET ADDRESS 5619 DTC PARKWAY
1.4 CITY-ST-ZIP ENGLEWOOD, CO 80111

2.1 TITLE VPS ☒ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE VPD ☐ Change ☒ Addition

3.2 NAME THOMAS R. BARBERINI
3.3 STREET ADDRESS 2204 LAKE SHORE DR., STE. 325
3.4 CITY-ST-ZIP BIRMINGHAM, AL 35209

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

6.1 TITLE VP/T ☐ Change ☒ Addition

6.2 NAME BERNARD W. SCHOTTERS, II.
6.3 STREET ADDRESS 5619 DTC PARKWAY
6.4 CITY-ST-ZIP ENGLEWOOD, CO 80111

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 OR DIRECTOR

GREG HALSEY
Assistant Vice President

4/25/96
Date

(303) 267-5500
Daytime Phone #

CR2E034 (12/95)