
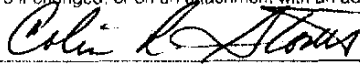


FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED  
May 06 1997 8:00am  
Secretary of State

<b>PROFIT CORPORATION ANNUAL REPORT 1997</b>				<b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT #</b> <span style="font-size: 1.5em;">J35563</span>					
<b>1. Corporation Name</b> TCI CABLEVISION OF FLORIDA, INC.					
<b>Principal Place of Business</b> 5619 DTC PARKWAY TAX DEPT ENGLEWOOD, CO 80111 US			<b>Mailing Address</b> P O BOX 5630 TAX DEPT DENVER, CO 80217		
<b>2. Principal Place of Business</b> 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		<b>2a. Mailing Address</b> 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		<b>3. Date Incorporated or Qualified</b> 09/30/1986 <b>3a. Date of Last Report</b> 05/01/96	
<b>4. FEI Number</b> 84-1036950		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> \$8.75 Additional Fee Required		<b>6. Election Campaign Financing</b> Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
<b>8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					
<b>9. Name and Address of Current Registered Agent</b> THE PRENTICE-HALL CORPORATION SYSTEM, INC. 1201 HAYS STREET SUITE 105 TALLAHASSEE FL 32301			<b>10. Name and Address of New Registered Agent</b> 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code		
<b>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.</b>					
<b>SIGNATURE</b> Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE					
<b>12. OFFICERS AND DIRECTORS</b>					
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> DELETE	
PD	JONES, MARVIN	5619 DTC PARKWAY	ENGLEWOOD, CO 80111		
VD	BARBERINI, THOMAS R.	5619 DTC PARKWAY	ENGLEWOOD, CO 80111		
VS	BRETT, STEPHEN M.	5619 DTC PARKWAY	ENGLEWOOD, CO 80111		
V	BLAYLOCK, GARY	5619 DTC PARKWAY	ENGLEWOOD, CO 80111		
V	GOOKIN, NOLAN D.	5619 DTC PARKWAY	ENGLEWOOD, CO 80111		
V	STONER, COLIN R.	5619 DTC PARKWAY	ENGLEWOOD, CO 80111		
<b>13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12</b>					
1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>900002177409</b> <b>-05/13/97--01108--018</b> <b>***165.00</b>					
<b>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.</b>					
<b>SIGNATURE:</b> 		<b>COLIN R. STONER</b>		<b>5/1/97</b>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	

CR2E034 (9/96)