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FILED
May 13 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # J55317 (8)

1. Corporation Name
ATLANTIC 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 80217-5630



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

3. Date Incorporated or Qualified

02/04/1987

3a. Date of Last Report

05/01/1996

4. FEI Number

84-1055229

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

THE PRENTICE-HALL CORPORATION SYSTEM INC.
1201 HAYS STREET
SUITE 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

TITLE COBD
NAME MARSHALL, BARRY P
STREET ADDRESS 5619 DTC PARKWAY
CITY-ST-ZIP ENGLEWOOD CO

DELETE

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

DELETE

TITLE PD
NAME BARBERINI, THOMAS R
STREET ADDRESS 2204 LAKE SHORE DR SUITE 325
CITY-ST-ZIP BIRMINGHAM AL

DELETE

TITLE VT
NAME SCHOTTERS, II B W.
STREET ADDRESS 5619 DTC PARKWAY
CITY-ST-ZIP ENGLEWOOD CO

DELETE

TITLE VP
NAME HOWARD, GARY S.
STREET ADDRESS 5619 DTC PARKWAY
CITY-ST-ZIP ENGLEWOOD CO

DELETE

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

DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Change Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE Change Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE Change Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

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 Change Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

V

BLAYLOCK, GARY

5619 DTC PARKWAY

ENGLEWOOD, CO 80111

V

GOOKIN, NOLAN

5619 DTC PARKWAY

ENGLEWOOD, CO 80111

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, unchanged, or on an attachment with an address.

SIGNATURE

GARY BLAYLOCK

CR2E034 (9/96)