

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

**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 Mailing Address  
**5619 DTC PARKWAY  
TAX DEPT.  
ENGLEWOOD CO 80111  
US** **P.O. BOX 5630  
DENVER CO 80217-5630**

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  
24 25 29 30

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 re-instating) DATE

12. OFFICERS AND DIRECTORS

TITLE	<b>COBD</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>MARSHALL, BARRY P</b>	
STREET ADDRESS	<b>5619 DTC PARKWAY</b>	
CITY-ST-ZIP	<b>ENGLEWOOD CO</b>	
TITLE	<b>VS</b>	<input type="checkbox"/> DELETE
NAME	<b>BRETT, STEPHEN M</b>	
STREET ADDRESS	<b>5619 DTC PARKWAY</b>	
CITY-ST-ZIP	<b>ENGLEWOOD CO</b>	
TITLE	<b>PD</b>	<input type="checkbox"/> DELETE
NAME	<b>BARBERINI, THOMAS R</b>	
STREET ADDRESS	<b>2204 LAKE SHORE DR SUITE 325</b>	
CITY-ST-ZIP	<b>BIRMINGHAM AL</b>	
TITLE	<b>VT</b>	<input type="checkbox"/> DELETE
NAME	<b>SCHOTTERS, II B W.</b>	
STREET ADDRESS	<b>5619 DTC PARKWAY</b>	
CITY-ST-ZIP	<b>ENGLEWOOD CO</b>	
TITLE	<b>VP</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>HOWARD, GARY S.</b>	
STREET ADDRESS	<b>5619 DTC PARKWAY</b>	
CITY-ST-ZIP	<b>ENGLEWOOD CO</b>	
TITLE	<b>AV</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>HALSEY, GREG</b>	
STREET ADDRESS	<b>5619 DTC PARKWAY</b>	
CITY-ST-ZIP	<b>ENGLEWOOD CO</b>	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	<b>V</b>
5.3 STREET ADDRESS	<b>BLAYLOCK, GARY</b>
5.4 CITY-ST-ZIP	<b>5619 DTC PARKWAY</b>
5.5 CITY-ST-ZIP	<b>ENGLEWOOD, CO 80111</b>
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	<b>V</b>
6.3 STREET ADDRESS	<b>GOOKIN, NOLAN</b>
6.4 CITY-ST-ZIP	<b>5619 DTC PARKWAY</b>
6.5 CITY-ST-ZIP	<b>ENGLEWOOD, CO 80111</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, unchanged, or on an attachment with an address.

SIGNATURE *[Signature]* **GARY BLAYLOCK**

CR2E034 (9/96)