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Apr 27, 1999 8:00 am
Secretary of State

04-27-1999 90150 008 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # J55317

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/04/1987

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 owes the current year Intangible
Personal Property Tax.

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

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE PD ☐ DELETE
NAME HINDERY, LEO
STREET ADDRESS 5619 DTC PKWY
CITY-ST-ZIP ENGLEWOOD CO 80111

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

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

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

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

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE AV ☐ DELETE
NAME GOOKIN, NOLAN
STREET ADDRESS 5619 DTC PARKWAY
CITY-ST-ZIP ENGLEWOOD CO

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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.

Nolan D. Gookin

SIGNATURE:

Nolan D. Gookin

Assistant Vice President

4/21/99

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)