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Feb 03 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 # **K05374** (9)  
1. Corporation Name  
**RIFKIN/NARRAGANSETT SOUTH FLORIDA CABLE MANAGEME  
NT CORP.**

Principal Place of Business Mailing Address  
**50 KENNEDY PLAZA  
FLEET CENTER  
PROVIDENCE RI 02903** **50 KENNEDY PLAZA  
FLEET CENTER  
PROVIDENCE RI 02903-2393**

3. Date Incorporated or Qualified **12/07/1987** 3a. Date of Last Report **05/09/1996**  
4. FEI Number **05-0436896** 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

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip 28 Zip Country 29 Zip Country  
24 25 29 30

9. Name and Address of Current Registered Agent  
**CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION FL 33324**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>COC</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>NELSON, JONATHAN M.</b>	1.2 NAME	
STREET ADDRESS	<b>50 KENNEDY PLZ, FLEET CN</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>PROVIDENCE RI</b>	1.4 CITY-ST-ZIP	
TITLE	<b>COC</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BARBER, GREGORY P.</b>	2.2 NAME	
STREET ADDRESS	<b>50 KENNEDY PLZ, FLEET CN</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>PROVIDENCE RI</b>	2.4 CITY-ST-ZIP	
TITLE	<b>P</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BARBER, GREGORY P.</b>	3.2 NAME	
STREET ADDRESS	<b>50 KENNEDY PLZ, FLEET CN</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>PROVIDENCE RI</b>	3.4 CITY-ST-ZIP	
TITLE	<b>V</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>NELSON, JONATHAN M.</b>	4.2 NAME	
STREET ADDRESS	<b>50 KENNEDY PLZ, FLEET CN</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>PROVIDENCE RI</b>	4.4 CITY-ST-ZIP	
TITLE	<b>S</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DUFFELL, DAVID K.</b>	5.2 NAME	
STREET ADDRESS	<b>50 KENNEDY PLZ, FLEET CN</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>PROVIDENCE RI</b>	5.4 CITY-ST-ZIP	
TITLE	<b>T</b> <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MATHIEU, RAYMOND</b>	6.2 NAME	
STREET ADDRESS	<b>50 KENNEDY PLZ, FLEET CN</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>PROVIDENCE RI</b>	6.4 CITY-ST-ZIP	

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.

SIGNATURE: *Raymond Mathieu* **1/6/97** **401/751-0536**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)