**PROFIT CORPORATION** ANNUAL REPORT



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

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**DOCUMENT #** 

P01256

**17**\

ATLANTIC AMERICAN CABLEVISION, INC.											A OEBIILERI III BRAKI URIE 1168: BIX			Îl bijal bizil ebbi			
Pri	incipal Place	of Business				Mailin	g Address					-					
	5619 DTC PA						BOX 5630										
	TAX DEPT.	MINANA					DEPT.										
	englewood	CO 80111					VVER CO 80217					3.	Date Incorporated or Qualified	3a. Date	of Last F	Report	
,	US					US						"	03/19/1984	05/01/1995			
2.	Principal Pla	Place of Business				2a. Mailing Address						4.	FEI Number		·	Applied For	
21						26							59-2416527			Not Applicable	
22	Suite, Apt. #	uite, Apt. #, elc.					Suite, Apt. #, etc.					5.	Certificate of Status Desired			5 Additional Required	
	City & State	City & State					City & State					6.	Election Campaign Financing		\$5.0	OO May Be	
23						28						Trust Fund Contribution Added to Fees					
~	Zip	}		ountry		. Zդ	p	Cou				8. This corporation has liability for intangible tax under s 199.032,					
24		25 9. Name and Address of Curre			29 ent Rec		ed Agent	30			10	Florida Statutes Yes  Name and Address of New F	No Registered Agent				
		9. 110.110				1000	ca Agent		81	٨	lame	10.	Italiic Bild Adoless Of New P	egistereu x	yem		
	THE DDG	ENTINE HA	11.00	ORPORATION :	evets	IAI EAS	^						4				
				MECHATION	31315	W 114	<b>U</b> .		82	S	Street Addre	ss (P	O. Box Number is Not Acceptab	ole)			
1201 HAYS STREET SUITE 105						83											
TALLAHASSEE FL 32301						-		· · · · · · · · · · · · · · · · · · ·				1 · · · · ·					
									84	·	City			FL	85 Z	up Code	
11	. Pursuant to or registere familiar with	o the provision of the agent, or the agent, or the agent, or the agent a	ons of both, i	Sections 607.050 the State of Flo obligations of, Se	02 and orida Su ction 60	607.19 Joh oh 07.050	508, Florida Statute larige was authorize 35. Florida Statutes.	es, the ed by ti	above-r he corp	an Ora	ned corpora ition's board	tion s I of d	submits this statement for the pur rectors. I hereby accept the app	pose of cha- pointment as	nging its registered	registered office d agent. I am	
SI	GNATURE _																
		Signature, typed o	printed	name of registered age				lt⊹Begs	tered Agen	siç	grature required	when re	einstating)	DATE			
12		AUD		OFFICERS A	ND DIR	ECTO.			13.				ADDITIONS/CHANGES TO OFF				
TITI		AVP NOLAN							. 1 TITLE					L.	] Change	Addition	
	REET ADDRESS	GOOKIN, NOLAN TADDRESS 5619 DTC PARKWAY							1.2 NAME								
	Y-ST-ZIP	THE THE AT						1.3 STREET ADDRESS									
TIT		V			FTH B. S. A. D. C.			1.4 CITY-ST-ZIP 2. 1 TITLE			V		TY	Change	☐ Addition		
NAI	ME	FISHER, D. F.						22 NA				•	RY P. MARSHALL	140	, unange		
STF	REET ADDRESS					23:							DTC PARKWAY				
СIT	Y-ST-71P	ENGLEWOOD CO			24							EWOOD, CO 80111					
TIT	.E	VPD			DELETE 3 1			3 1 THILE			7P-		χ	Change	☐ Addition		
NAI	ME	BRACKEN, GARY K.				32 M			3.2 NAME								
STF	REE1 ADDRESS	5619 D1						3	3. STREET	AD	DRESS						
	Y-ST-ZIP	ENGELV	VOOL	i CO				3	4 CHY-S	1 - Z	IP .						
TiTi		VT V		N 5 144			DECETE		1 THILE					Ĺ	Change	Addition	
NAI		SCHOT						ı	2 NAME		•						
	EET ADDRESS	5619 DI							.3 STREET								
CIT!	Y-ST-ZIP	ENGLEV	YUUL	/ 60			(X) DELETE		4 CITY-S	1 - Z		/P/S		Vru	1 Change	["] Addition	
NA		VPS Davis, '	LEDD				Morre				1	-		×Δ	] Change	Addition	
	EET ADDRESS	5619 DI							.2 NAME .3 STREET	¥D.	<b>I</b>		PHEN M. BRETT DTC PARKWAY				
	Y-\$1-7IP	ENGLEV							4 CITY-S		l l						
TITI		AVP					DELE1E		. 1 TITLE	- 21	<u>"</u>	LIIQL	.EWOOD. CO 80111		1 Change	[ ] Addition	
NAJ		HALSEY	. GRI	EG .					2 NAME					_	,		
	EET ADDRESS	5619 DI							3 STREFT	ADE	ORESS						
	Y-ST-7IP	ENGLEV							.4 CITY-S							ļ	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 13 if changed, or on an attachment with an address.

SIGNATURE:

ASSIST SIGNATURE AND TYPED OF PRINTED NAME OF GINING OFFICER OR DIRECTOR

Greg Halsey Assistant Vice President

4/25/96 (303) 267-5500 Deptine Prices #