

DOCUMENT # P01256

1. Entity Name

ATLANTIC AMERICAN CABLEVISION, INC.

[illegible]

Principal Place of Business	Mailing Address
5619 DTC PARKWAY TAX DEPT. ENGLEWOOD CO 80111 US	P.O. BOX 5630 TAX DEPT. DENVER CO 80217-5630 US

2. Principal Place of Business 9197 SOUTH PEORIA STREET	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State ENGLEWOOD CO		City & State	
Zip 80112-5833	Country US	Zip	Country

4. FEI Number	59-2416527		Applied For
			Not Applicable

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND RD.
PLANTATION FL 33324

7. Name and Address of New Registered Agent		
Name		
Street Address (P.O. Box Number is Not Acceptable)		
City	FL	Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

<p>9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/></p>	<p align="center">FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State</p>	<p>10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees</p>
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11.		OFFICERS AND DIRECTORS
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AVP GOOKIN, NOLAN 5619 DTC PARKWAY ENGLEWOOD CO	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT SCHOTTERS, II B W. 5619 DTC PARKWAY ENGLEWOOD CO	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPSD BRETT, STEPHEN M. 5619 DTC PARKWAY ENGLEWOOD CO	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HINDERY, LEO J JR 5619 DTC PARKWAY ENGLEWOOD CO 80111	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
	9197 SOUTH PEORIA STREET ENGLEWOOD CO 80112-5833		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
	VP/S/T/D HUSEBY, MICHAEL P. 9197 SOUTH PEORIA STREET ENGLEWOOD CO 80112-5833		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
	P/D SOMERS, DANIEL E. 9197 SOUTH PEORIA STREET ENGLEWOOD CO 80112-5833		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change	<input type="checkbox"/> Addition

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

Nolan D. Gookin

SIGNATURE: *M. A. Smith* **Assistant Vice President** 7/27/00 720-875-5500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)