

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # P04467 (7)  
1. Corporation Name  
EWS CABLE, INC.



Principal Place of Business: 312 WALNUT ST. 28TH FL, PO BOX 5380, CINCINNATI OH 45201, US  
Mailing Address: 312 WALNUT ST. 28TH FLOOR, POST OFFICE BOX 5380, CINCINNATI OH 45201, US

3. Date Incorporated or Qualified: 12/26/1984  
3a. Date of Last Report: 05/01/1995  
4. FEI Number: 31-1063218  
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: 21 Suite, Apt. #, etc.; 22 City & State; 23 Zip; 24 Country  
2a. Mailing Address: 26 Suite, Apt. #, etc.; 27 City & State; 28 Zip; 29 Country; 30

g. 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  
85 Zip Code: FL

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

TITLE	PD	<input type="checkbox"/> DELETE
NAME	CRAWFORD, F S	
STREET ADDRESS	312 WALNUT ST, 28TH FLOOR	
CITY - ST - ZIP	CINCINNATI OH	
TITLE	V	<input type="checkbox"/> DELETE
NAME	CASTELLINI, D. J.	
STREET ADDRESS	312 WALNUT ST, 28TH FLOOR	
CITY - ST - ZIP	CINCINNATI OH	
TITLE	T	<input type="checkbox"/> DELETE
NAME	WOLFZORN, E. JOHN	
STREET ADDRESS	312 WALNUT ST, 28TH FLOOR	
CITY - ST - ZIP	CINCINNATI OH	
TITLE	S	<input type="checkbox"/> DELETE
NAME	KUPRIONIS, M. DENISE	
STREET ADDRESS	312 WALNUT ST, 28TH FLOOR	
CITY - ST - ZIP	CINCINNATI OH	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SCRIPPS, CHARLES E.	
STREET ADDRESS	312 WALNUT ST, 28TH FLOOR	
CITY - ST - ZIP	CINCINNATI OH	
TITLE	D	<input type="checkbox"/> DELETE
NAME	LESER, L A	
STREET ADDRESS	312 WALNUT ST, 28TH FL	
CITY - ST - ZIP	CINCINNATI OH	

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 type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]* DATE: 4/29/96 (513) 977-3000  
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (12/95)