

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED

Apr 30 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P09761 (8)  
1. Corporation Name  
TCI TKR OF KENTUCKY, INC.

Principal Place of Business 5619 DTC PARKWAY TAX DEPT. ENGLEWOOD CO 80111 US	Mailing Address P.O. BOX 5630 TAX DEPT. DENVER CO 80217 US
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 04/15/1986	4. FEI Number 59-2638408	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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
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8. 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 85 Zip Code FL
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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

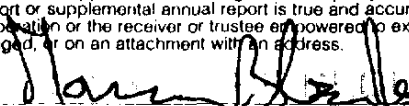
(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS	
TITLE	V BLAYLOCK, GARY
NAME	5619 DTC PARKWAY
STREET ADDRESS	ENGLEWOOD CO
CITY-ST-ZIP	
TITLE	VSD STEPHEN M. BRETT
NAME	5619 DTC PARKWAY
STREET ADDRESS	ENGLEWOOD CO
CITY-ST-ZIP	
TITLE	VP BRACKEN, GARY K
NAME	5619 DTC PARKWAY
STREET ADDRESS	ENGLEWOOD CO
CITY-ST-ZIP	
TITLE	VT SCHOTTERS, II B W.
NAME	5619 DTC PARKWAY
STREET ADDRESS	ENGLEWOOD CO
CITY-ST-ZIP	
TITLE	V GOOKIN, NOLAN
NAME	5619 DTC PARKWAY
STREET ADDRESS	ENGLEWOOD CO
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	AV
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	AV
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	P/D HINDERY, LEO J., JR.
6.2 NAME	5619 DTC PARKWAY
6.3 STREET ADDRESS	ENGLEWOOD, CO 80111
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.

SIGNATURE:  GARY BLAYLOCK 4/22/98 303-267-5500

CR2E034 (10/97)