FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED
95 MAY -1 AM 4:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P17525 (7)

1. Corporation Name
INTERMEDIA COMMUNICATIONS OF FLORIDA, INC.

Principal Place of Business	Mailing Address
9280 BAY PLAZA BLVD. SUITE 720 TAMPA FL 33619	9280 BAY PLAZA BLVD. SUITE 720 TAMPA FL 33619

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/05/1988
3a. Date of Last Report: 02/02/1994
4. FEI Number: 59-2913586 ☐ 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	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

TOLLIVER, RONALD L CFO
% INTERMEDIA COMMUNICATIONS OF FLORIDA INC
9280 BAY PLAZA, SUITE 720
TAMPA FL 33619

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 X [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	C
NAME	BENTON, ROBERT
STREET ADDRESS	9280 BAY PLAZA BLVD.
CITY-ST-ZIP	TAMPA FL
TITLE	VS
NAME	TOLLIVER, RON
STREET ADDRESS	9280 BAY PLAZA BLVD.
CITY-ST-ZIP	TAMPA Fl

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1-1 TITLE	C,P	☒ Change ☐ Addition
1-2 NAME	DAVID C. RUBERG	
1-3 STREET ADDRESS	9280 BAY PLAZA BLVD	
1-4 CITY-ST-ZIP	TAMPA FL 33619	
2-1 TITLE		☐ Change ☐ Addition
2-2 NAME		
2-3 STREET ADDRESS		
2-4 CITY-ST-ZIP		
3-1 TITLE	V	☐ Change ☒ Addition
3-2 NAME	BARBARA SAMSON	
3-3 STREET ADDRESS	9280 BAY PLAZA BVLD	
3-4 CITY-ST-ZIP	TAMPA FL 33619	
4-1 TITLE	V	☐ Change ☒ Addition
4-2 NAME	J. CHRISTOPHER BROWN	
4-3 STREET ADDRESS	9280 BAYPLAZA BLVD	
4-4 CITY-ST-ZIP	TAMPA, FL 33619	
5-1 TITLE	V	☐ Change ☒ Addition
5-2 NAME	MIKE RIDDLE	
5-3 STREET ADDRESS	9280 BAY PLAZA BLVD	
5-4 CITY-ST-ZIP	TAMPA FL 33619	
6-1 TITLE	V	☐ Change ☒ Addition
6-2 NAME	MIKE VIREEN	
6-3 STREET ADDRESS	9280 BAY PLAZA BLVD	
6-4 CITY-ST-ZIP	TAMPA FL 33619	

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 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] 5/1/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
David C. Ruberg
Date

0200486 CP