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PROFIT CORPORATION ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P17525

1. Corporation Name

(7)

INTERMEDIA COMMUNICATIONS OF FLORIDA, INC.

**FILED** May 01 1996 8:00 am Secretary of State



Principai Piace d	of Business	Mailing Address				
9280 BAY PLAZ	'A BLVD.	9280 BAY PLAZA BLVD.				
SUITE 720		SUITE 720		j		
TAMPA FL 33619		TAMPA FL 33619	TAMPA FL 33619		3. Date Incorporated or Qualified 3a. Date of Last Report	
				01/05/1988	05/01/1995	
2. Principal Plac	ne of Rusiness	2a. Mailing Address	~ .	4. FEI Number	Applied For	
5 77 25	Queen Alm Ar.	26 3/25 Queen	Palm In.	59-2913586	Not Applicable	
Suite, Apt. #		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional	
2		27		<b>0</b> . Co	- Fea Medured	
City & State	2.4	City & State		6. Election Campaign Financing	\$5.00 May Be	
3 Tampo	a FL	28 Jampa, PL		Trust Fund Contribution	A0000 to 1 603	
Ziρ	Country	Zip 22/10	Country	· · · · · · · · · · · · · · · · · · ·	or intangible tax under s 199.032, les \( \sum \) No	
4 3361	9 25		80	Florida Statutes  10. Name and Address of New		
	9. Name and Address of Curre	ent Registered Agent	81 Name	10. Name and Address of Net	Hogistored Nguit	
			1 1	Sanson, Barbara		
TOLLIVER	, RONALD L CFO		82 Street A	ddress (P.O. Box Number is Not Accep	table)	
% INTERN	MEDIA COMMUNICATIONS OF	FLORIDA INC	36	25 Queen Palm	<u>Ur·</u>	
	PLAZA, SUITE 720		83			
TAMPA FI			84 City	D/	85 Zip Code	
		a	1 1 1	amou. PL	FL 336M	
11. Pursuant to	the provisions of Sections 607.050	02 and 603.1508, Piorida Statules,	the above-named co	proordion submits this statement for the board of directors. I hereby accept the a	purpose of changing its registered office opointment as registered agent. I am	
or registere familiar with	ed agent, or both, in the State of Flo h, and accept the obligations of, Se	ction 607.0500, Florida Strutes.	by the corporation o	proprettion submits this statement for the board of directors. I hereby accept the a	1 . 1	
10111110111111			- 4/1-		N/25/9/	
COLUMN DE A	CORROR CONSON VO				7/23//0	
SIGNATURE 💪	NRBARA SAMSON, VP Signature, typed or printed name of registered as		Registered Agent signature re	equired when reinstating	DATE DIDECTORS IN 12	
	Signature, typed or printed name of registered se-	ND DIRECTORS	13.	equired when reinstating!  ADDITHONS/CHANGES TO C	DATE DEFICERS AND DIRECTORS IN 12 Charge Addition	
12.	Signature, typed or printed name of registered se-			ADDITIONS/CHANGES TO C	DEFICERS AND DIRECTORS IN 12	
<b>12.</b> TITLE	Signature, typed or printed name of Fegistered ser OFFICERS A	ND DIRECTORS	13. 1.1 TITLE 1.2 NAME	ADDITIONS/CHANGES TO C		
12. TILE NAME	Signature, typed or printed name of fegistering per OFFICERS A	ND DIRECTORS	13. 1. 1 TITLE	Gieger Jim 2445 Gieger No Dr.		
12. TITLE NAME STREET ADDRESS	Signature, typed or printed name of fegistery of an OFFICERS A CP RUBERG, DAVID C	ND DIRECTORS	13. 1.1 TITLE 12 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	Gieger Jim 2445 Gieger No Dr.	☐ Change <b>K</b> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS A  CP RUBERG, DAVID C 9280 BAY PLAZA BLVD.	ND DIRECTORS	13. 1.1 TITLE 12 NAME 1.3 STREET ADDRESS	Gieger, Jim 3625 Queer Aln Dr. Tanga, FL 33619		
SIGNATURE 2  12. TILE NAME SIRE(1 ADDRESS CITY-S1-ZIP TILLE NAME	OFFICERS A  CP RUBERG, DAVID C 9280 BAY PLAZA BLVD. TAMPA FL	ND DIRECTORS	13. 1.1 TITLE 12 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	Gieger , Jim 3625 Queer Aln Dr. Tanga, FL 33619 OFFICER WALTERS	☐ Change  ☐ Addition ☐ Change  ☐ Addition	
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root nereby certify that the information supplied with this ning is voluntarily formation and control quality in the exercise certify that the information indicated on this annual report or supplemental annual report is true and accurate and that each; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: BARBARA SAMSON.