

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P32018

1. Entity Name

MEDIAONE ENTERPRISES, INC.

FILED
Jan 31, 2000 8:00 am
Secretary of State

01-31-2000 90091 006 ***150.00

Principal Place of Business

Mailing Address

188 INVERNESS DR W
STE 600
ENGLEWOOD CO 80112
US

188 INVERNESS DR W
STE 600
ENGLEWOOD CO 80112-5202
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **05-0340958**

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	LILLIS, CHARLES M	
STREET ADDRESS	7800 E ORCHARD RD, STE 200	
CITY-ST-ZIP	ENGLEWOOD CO 80111	
TITLE	EVP	<input checked="" type="checkbox"/> Delete
NAME	COOPER, RONALD H	
STREET ADDRESS	188 INVERNESS DR W	
CITY-ST-ZIP	ENGLEWOOD CO 80112	
TITLE	SVTC	<input checked="" type="checkbox"/> Delete
NAME	KIKES, ROBERT P	
STREET ADDRESS	188 INVERNESS DR W	
CITY-ST-ZIP	ENGLEWOOD CO 80112	
TITLE	VP	<input type="checkbox"/> Delete
NAME	EICHLER, FRANK M	
STREET ADDRESS	188 INVERNESS DR W	
CITY-ST-ZIP	ENGLEWOOD CO 80112	
TITLE	S	<input type="checkbox"/> Delete
NAME	O'LEARY, SHARON A	
STREET ADDRESS	188 INVERNESS DR W	
CITY-ST-ZIP	ENGLEWOOD CO 80112	
TITLE	AS	<input type="checkbox"/> Delete
NAME	WRITER, KARIN M	
STREET ADDRESS	188 INVERNESS DR W	
CITY-ST-ZIP	ENGLEWOOD CO 80112	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CAMPBELL, CONSTANCE P.	
STREET ADDRESS	188 Inverness Drive West	
CITY-ST-ZIP	Englewood, Colorado 80112	
TITLE	EVP	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HOLMES, DOUGLAS D.	
STREET ADDRESS	188 Inverness Drive West	
CITY-ST-ZIP	Englewood, Colorado 80112	
TITLE	VT	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PORTER, RAHN K.	
STREET ADDRESS	188 Inverness Drive West	
CITY-ST-ZIP	Englewood, Colorado 80112	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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.

SIGNATURE: Karin M. Writer **Karin M. Writer, Ass't Secretary 1-20-00 303-858-3619**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #