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May 19 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P35286 (4)

1. Corporation Name
AMERICAN TELECASTING OF FORT MYERS, INC.

Principal Place of Business

5500-2 DIVISION DRIVE
FORT MYERS FL 33805
US

Mailing Address

5575 TECH CENTER DR.
STE. 300
COLORADO SPRINGS FL 80919-2351
US



3. Date Incorporated or Qualified 08/28/1991	3a. Date of Last Report 03/29/1996
4. FEI Number 59-3062505	Applied For 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 has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

9. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYES 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
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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	TVD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEPRIEST, DONALD R	1.2 NAME	
STREET ADDRESS	5575 TECH CENTER DR., STE. 300	1.3 STREET ADDRESS	
CITY - ST - ZIP	COLORADO SPRINGS CO 80919	1.4 CITY - ST - ZIP	
TITLE	SD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SENEY, RICHARD F.	2.2 NAME	
STREET ADDRESS	5575 TECH CENTER DR., STE. 300	2.3 STREET ADDRESS	
CITY - ST - ZIP	COLORADO SPRINGS CO 80919	2.4 CITY - ST - ZIP	
TITLE	DC <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEPRIEST, DOANLD R.	3.2 NAME	
STREET ADDRESS	5575 TECH CENTER DR., STE. 300	3.3 STREET ADDRESS	
CITY - ST - ZIP	COLORADO SPRINGS CO 80919	3.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BLAKE, WILLIAM J	4.2 NAME	
STREET ADDRESS	5575 TECH CENTER DR., STE. 300	4.3 STREET ADDRESS	
CITY - ST - ZIP	COLORADO CO 80919	4.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAUSER, MITCHELL R.	5.2 NAME	
STREET ADDRESS	153 EAST 53RD STREET, STE. 5801	5.3 STREET ADDRESS	
CITY - ST - ZIP	NEW YORK NY	5.4 CITY - ST - ZIP	
TITLE	PD <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOSTETLER, ROBERT D	6.2 NAME	
STREET ADDRESS	5575 TECH CENTER DR., STE. 300	6.3 STREET ADDRESS	
CITY - ST - ZIP	COLORADO SPRINGS CO 80919	6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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, unchanged, or on an attachment with an address.

SIGNATURE: *David K. Sentman* David K. Sentman 4/29/97 719-240-5180
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Sr. Vice President Date Daytime Phone #

CR2E034 (9/96)