

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

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED
Apr 03 1997 8:00am
Secretary of State

DOCUMENT # P94000049522 (3)

1. Corporation Name

PREMIER CABLE COMMUNICATIONS INC.



Principal Place of Business

10111 FOREST HILL BLVD.
SUITE 360
WEST PALM BEACH FL 33414
US

Mailing Address

10111 FOREST HILL BLVD.
SUITE 360
WEST PALM BEACH FL 33414-6142
US

2. Principal Place of Business

21 10111 Forest Hill Blvd

Suite, Apt. #, etc.

22 ST 360

City & State

23 West Palm Beach, FL

Zip

24 33414

Country

25 Palm Beach

2a. Mailing Address

26 10111 Forest Hill Blvd

Suite, Apt. #, etc.

27 Ste 360

City & State

28 West Palm Beach, FL

Zip

29 33414

Country

30 Palm Beach

3. Date Incorporated or Qualified

07/01/1994

3a. Date of Last Report

07/26/1996

4. FEI Number

65-0503406

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

9. Name and Address of Current Registered Agent

JOHNSON, MICHAEL N
10111 FOREST HILL BLVD.
STE. 300
WEST PALM BEACH FL 33414

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 607.005, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

3/14/97
DATE

12. OFFICERS AND DIRECTORS

TITLE PVT
NAME JOHNSON, MICHAEL N
STREET ADDRESS 15425 WOODMAR COURT
CITY-ST-ZIP WEST PALM BEACH FL 33414

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
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
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
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)(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, or as an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/14/97
Date

(561) 795-5399
Daytime Phone #

CP2E034 (9/96)