

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

FILED
May 07 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P94000059478 (5)
 1. Corporation Name
MEDIA ONE OF TAMPA BAY, INC.



Principal Place of Business 4707 140TH AVE. N. STE. 301 CLEARWATER FL 34622 US	Mailing Address 4707 140TH AVE. N. STE. 301 CLEARWATER FL 34622 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 08/11/1994	4. FEI Number 59-3251821	Applied For Not Applicable
21. Suite, Apt #, etc.	26. Suite, Apt #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
22. City & State	27. City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
23. Zip	28. Zip	7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30 <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
24. Country	29. Country			

9. Name and Address of Current Registered Agent KAUFFMAN, JAY E 6526 CENTRAL AVE ST PETERSBURG FL 33710	10. Name and Address of New Registered Agent 81. Name 82. Street Address (P.O. Box Number is Not Acceptable) 83. 84. City 85. Zip Code FL
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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 date if applicable) (NOTE: Registered Agent signature required when reconstituting) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D	<input type="checkbox"/> DELETE	1.1 TITLE D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME FRIEDMAN, ERNEST		1.2 NAME FRIEDMAN, ERNEST	
STREET ADDRESS 5135 34TH ST S		1.3 STREET ADDRESS 4750 DOLPHIN LAY LANE S.	
CITY-ST-ZIP ST PETERSBURG FL 33711		1.4 CITY-ST-ZIP St. Petersburg, FL 33711-4679	
TITLE D	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME HAKIAMIAN, GARY		2.2 NAME	
STREET ADDRESS 405 8TH AVE N		2.3 STREET ADDRESS	
CITY-ST-ZIP TIERRA VERDE FL 33715		2.4 CITY-ST-ZIP	
TITLE D	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME FORDE, DERMOT		3.2 NAME	
STREET ADDRESS 2411 BAY BLVD		3.3 STREET ADDRESS	
CITY-ST-ZIP INDIAN ROCKS BEACH FL 34635		3.4 CITY-ST-ZIP	
TITLE D	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME GRIECO, NICK		4.2 NAME	
STREET ADDRESS 4400 140TH AVE N		4.3 STREET ADDRESS	
CITY-ST-ZIP CLEARWATER FL		4.4 CITY-ST-ZIP	
TITLE D	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME MAHALICK, DAVE		5.2 NAME	
STREET ADDRESS 4400 140TH AVE N		5.3 STREET ADDRESS	
CITY-ST-ZIP CLEARWATER FL		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 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 registered agent 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 if changed or if the appointment with an address.

SIGNATURE: *[Signature]* **DERMOT FORDE** **28th April 1998**
 DATE: _____

CR2E034 (10/97)