

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

<b>PROFIT CORPORATION ANNUAL REPORT 1999</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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FILED  
 APR 27 AM 11:58  
 DEPARTMENT OF STATE  
 PALM BEACH, FLORIDA

**DOCUMENT #** P96000087526  
 1. Corporation Name  
 Palm Coast Cablevision, Inc.

Principal Place of Business 211 St. Joe Plaza Dr. Palm Coast, FL 32164	Mailing Address 4103 W. Lake Houston Parkway Kingwood, TX 77339
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DO NOT WRITE IN THIS SPACE  
 3. Date Incorporated or Qualified  
 10/23/96

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country
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4. FEI Number 58-2239874	Applied For <input type="checkbox"/> 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 owes the current year Intangible Personal Property Tax.	<input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent  
 Intrastate Registered Agent Corporation  
 701 Brickell Avenue  
 Miami, FL 33131

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

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE D	Davis, William A. <input type="checkbox"/> DELETE
NAME	3198 Assiniboine Ave.
STREET ADDRESS	Winnipeg, Manitoba R3K 0B1
CITY-ST-ZIP	
TITLE D	Moffat, Randall L. <input type="checkbox"/> DELETE
NAME	474 South Drive
STREET ADDRESS	Winnipeg, Manitoba R3T 0B1
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE S	Shawn D. Hughes <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12 NAME	CKY Building, Polo Park
13 STREET ADDRESS	Winnipeg, Manitoba
14 CITY-ST-ZIP	Canada R3G 0L7
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	200002856032-9
23 STREET ADDRESS	-04/29/99--01083--012
24 CITY-ST-ZIP	****450.00 ****150.00
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 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 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 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** *Shawn D. Hughes* April 22, 1999 (204) 788-3439  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
 Shawn D. Hughes - Secretary Date Daytime Phone #