

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

DOCUMENT # **A96000000115**

1. Entity Name
ROOT COMMUNICATIONS, LTD.

00 MAR 20 PM 12:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ny 3/24

Principal Place of Business
**525 FENTRESS BOULEVARD
DAYTONA BEACH FL 32114**

Mailing Address
**P.O. BOX 2860
DAYTONA BEACH FL 32120-2860**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
275 Clyde Morris Blvd.

3. Mailing Address
275 Clyde Morris Blvd.

City & State
Ormond Beach, FL

City & State
Ormond Beach, FL

4. FEI Number **59-3346050**

Applied For
 Not Applicable

Zip **32174** Country **USA**

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

6. Name and Address of Current Registered Agent
**VOGES, WILLIAM J.
525 FENTRESS BOULEVARD
DAYTONA BEACH FL 32114**

7. Name and Address of New Registered Agent
Name **William J. Voges**
Street Address (P.O. Box Number is Not Acceptable)
~~275 Clyde Morris Blvd.~~
City **Ormond Beach** **FL** ~~32174~~

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]* **William J. Voges, Registered Agent** 1/10/2000
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. Capital Contributions as Shown on record. **\$16,251,989.97**

10. Amount of Capital Contributions in FLORIDA to date. **\$16,751,989.97**

11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION	
DOCUMENT #	P97000107305
NAME	ROOT MEDIA GP, INC.
STREET ADDRESS	525 FENTRESS BOULEVARD
CITY - ST - ZIP	DAYTONA BEACH FL 32114
DOCUMENT #	M94000000022
NAME	RDT, L.L.C.
STREET ADDRESS	525 FENTRESS BOULEVARD
CITY - ST - ZIP	DAYTONA BEACH FL 32114
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	275 Clyde Morris Blvd.
CITY - ST - ZIP	Ormond Beach, FL 32174
STREET ADDRESS	275 Clyde Morris Blvd.
CITY - ST - ZIP	Ormond Beach, FL 32174
STREET ADDRESS	
CITY - ST - ZIP	
STREET ADDRESS	
CITY - ST - ZIP	
STREET ADDRESS	
CITY - ST - ZIP	
STREET ADDRESS	
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 report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: *[Signature]* **SIGNATURE REQUIRED** **2/2/2000** **(904) 671-4888**
Signature and typed or printed name of signing general partner Date Daytime Phone #

CR2E003 (9/99)