

# 2001 UNIFORM BUSINESS REPORT (UBR)

0011698 AF

**DOCUMENT # A96000000115**

1. Entity Name  
**ROOT COMMUNICATIONS, LTD.**

**FILED**  
**01 FEB 20 AM 11:32**

SECRETARY OF STATE  
TALLAHASSEE FLORIDA



Principal Place of Business      Mailing Address

**275 CLYDE MORRIS BLVD.  
ORMOND BEACH FL 32174**      **275 CLYDE MORRIS BLVD.  
ORMOND BEACH FL 32174**

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

DO NOT WRITE IN THIS SPACE

4. FEI Number **59-3346050**      Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**VOGES, WILLIAM J  
275 CLYDE MORRIS BLVD.  
ORMOND BEACH FL 32174**

**7. Name and Address of New Registered Agent**

Name \_\_\_\_\_

Street Address (P.O. Box Number is Not Acceptable) \_\_\_\_\_

City \_\_\_\_\_ **FL** Zip Code \_\_\_\_\_

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_

9. Capital Contributions as Shown on record. **\$16,751,989.97**

10. Amount of Capital Contributions in FLORIDA to date. \_\_\_\_\_

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 #	<b>P97000107305</b>
NAME	<b>ROOT MEDIA GP, INC.</b>
STREET ADDRESS	<b>275 CLYDE MORRIS BLVD.</b>
CITY-ST-ZIP	<b>ORMOND BEACH FL 32174</b>
DOCUMENT #	<b>M94000000022</b>
NAME	<b>RDT, L.L.C.</b>
STREET ADDRESS	<b>275 CLYDE MORRIS BLVD.</b>
CITY-ST-ZIP	<b>ORMOND BEACH FL 32174</b>
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	
CITY-ST-ZIP	<b>3000003768753--7 -02/26/01--01151--015 *****526.25 *****526.25</b>
STREET ADDRESS	
CITY-ST-ZIP	
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: William J. Voges, Vice Pres.      Date: 2/17/01      Daytime Phone #: 904-671-4888

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

CFR2E003 (11/00)