

**2003 LIMITED PARTNERSHIP
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # B99000000039

1. Entity Name
MTV MANAGEMENT LIMITED PARTNERSHIP



Principal Place of Business
**101 NORTH PHILLIPS AVENUE
SIOUX FALLS SD 57117**

Mailing Address
**3600 WEST MAIN STREET, SUITE 150
NORMAN OK 73072**

FILED

03 APR -8 PM 2:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2. Principal Place of Business

3. Mailing Address

101 N ROBINSON

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE 800

City & State

City & State

OKLAHOMA CITY OK

Zip

Country

Zip

73102

Country

USA

DUE BY MAY 1, 2003

4. FEI Number **46-0443851**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ZEIGLER, PAUL A
106 EAST COLLEGE AVE., SUITE 1200
TALLAHASSEE FL 32301**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

DATE

9. Capital Contributions
as Shown on record.

\$18,310

10. Amount of Capital Contributions
in FLORIDA to date.

0

11. MAKE CHECK PAYABLE TO FL. 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

13. ADDRESS CHANGES ONLY

DOCUMENT # **M99000000085**
NAME **MTV ASSOCIATES II, LLC.**
STREET ADDRESS **101 NORTH PHILLIPS AVENUE**
CITY-ST-ZIP **SIOUX FALLS SD 57117**

STREET ADDRESS

CITY-ST-ZIP

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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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4/2/03
Date

405-6054244
Daytime Phone #

CR2E003 (10/02)

0020312 MB