

**FILE ON OR BEFORE DECEMBER 31, 1998 OR LIMITED PARTNERSHIP  
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE**

LIMITED PARTNERSHIP  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

98 SEP 23 AM 9:42

1. Name of Limited Partnership

1a. DOCUMENT #  
**A19879**

**CONUS COMMUNICATIONS COMPANY LIMITED PARTNERSHIP**



Mailing Address

Principal Office Address

3415 UNIVERSITY AVE.  
ST. PAUL MN 55114

3415 UNIVERSITY AVE.  
ST. PAUL MN 55114

3. Date Formed or Registered

05/08/1985

5a. Capital Contributions as Shown on record.

\$170,000.00

3a. Date of Last Report

04/01/1998

5b. Amount of Capital Contributions in FLORIDA to Date:

2. Mailing Address

2a. Principal Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip Country

Zip Country

4. State or Country of Formation

MN

6. FEI Number

41-1499610

Applied For  
 Not Applicable

7. Certificate of Status Desired

\$8.75 Additional Fee Required

8. Make check payable to: Dept. of State (See reverse side for fee information)

9. Name and Address of Current Registered Agent

10. If changed, new Registered Agent/Office

ORGERA, GEORGE E.  
~~9875 4TH NORTH~~  
ST. PETERSBURG FL 33702

Name

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

14375 Meyerlake CIRCLE

Suite, Apt. #, etc.

City

Clearwater,

FL

Zip Code

33760

10a. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, 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 its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment)

DATE

**A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY  
MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**

11. Name(s) of General Partner(s)

11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)

11b. City, State & Zip Code

11c. Registration/Document Number

HUBBARD BROADCASTING, INC  
HUBBARD, STANLEY S.

3415 UNIVERSITY AVE.  
3415 UNIVERSITY AVE.

ST. PAUL MN  
ST. PAUL MN

F9800001883

200002647172--0  
-09/23/98--01051--015  
\*\*\*\*526.25 \*\*\*\*526.25

*[Handwritten Signature]*

**Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.**

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE

*Linda Tremere, VP, Hubbard Broadcasting* DATE **9/15/98**

Typed or Printed Name of General Partner Signing Form

LINDA TREMERE

Daytime Telephone Number

612-642-4192

CRZE003 (8/98)