

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

0018450 A3

DOCUMENT # **A19879**

1. Entity Name

CONUS COMMUNICATIONS COMPANY LIMITED PARTNERSHIP

00 MAR 30 PM 12:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

W 4/7



DO NOT WRITE IN THIS SPACE

Principal Place of Business 3415 UNIVERSITY AVE. ST. PAUL MN 55114		Mailing Address 3415 UNIVERSITY AVE. ST. PAUL MN 55114-1019	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 41-1499610	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent ORGERA, GEORGE E. 44375 MEYERLAKE CIRCLE CLEARWATER FL 33760 <i>Delete RA/RO chg. filed 1/14/00</i>		7. Name and Address of New Registered Agent Name CT Corporation System Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD City Plantation FL Zip Code 33324	
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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 N/A *change filed 1/14/00 1/14/00*
Signature, typed or printed name of registered agent and title if applicable. (For E: Registered Agent Signature required when reinstating) DATE

9. Capital Contributions as Shown on record. \$170,000.00	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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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 # NAME STREET ADDRESS CITY - ST - ZIP	F98000001883 HUBBARD BROADCASTING, INC 3415 UNIVERSITY AVE. ST. PAUL MN	STREET ADDRESS	
		CITY - ST - ZIP	
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP	HUBBARD, STANLEY S. 3415 UNIVERSITY AVE. ST. PAUL MN	STREET ADDRESS	
		CITY - ST - ZIP	
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP		STREET ADDRESS	
		CITY - ST - ZIP	
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP		STREET ADDRESS	
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		CITY - ST - ZIP	
DOCUMENT # NAME 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: Linda Tremere **VICE PRESIDENT** *Signature Required* **3/11/00** **651-642-4192**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (9/99)