

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

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00 MAR 30 PM 12: 23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

WJ 4/17



DO NOT WRITE IN THIS SPACE

DOCUMENT # **A19879**

1. Entity Name
CONUS COMMUNICATIONS COMPANY LIMITED PARTNERSHIP

Principal Place of Business 3415 UNIVERSITY AVE. ST. PAUL MN 55114	Mailing Address 3415 UNIVERSITY AVE. ST. PAUL MN 55114-1019
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		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~~

Delete RA/RO chg. filed 1/14/00

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**

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* (Signature, typed or printed name of registered agent and title if applicable.)
 (Signature, typed or printed name of registered agent and title if applicable.) *change filed 1/14/00 1/14/00* (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

DOCUMENT #	F9800001883
NAME	HUBBARD BROADCASTING, INC
STREET ADDRESS	3415 UNIVERSITY AVE.
CITY - ST - ZIP	ST. PAUL MN
DOCUMENT #	
NAME	HUBBARD, STANLEY S.
STREET ADDRESS	3415 UNIVERSITY AVE.
CITY - ST - ZIP	ST. PAUL MN
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	
STREET ADDRESS	
CITY - ST - ZIP	
STREET ADDRESS	700003204367-4
CITY - ST - ZIP	04/11/00-01117-018
STREET ADDRESS	****526.25 ****526.25
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)(f), 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* **LINDA TREMERE** VICE PRESIDENT
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER
 Date: **3/11/00** Daytime Phone #: **651-642-4192**

CR2E003 (9/99)