

2001 UNIFORM BUSINESS REPORT (UBR)

00192990 AB

DOCUMENT # **A19879**

1. Entity Name

CONUS COMMUNICATIONS COMPANY LIMITED PARTNERSHIP

FILED

Principal Place of Business

**3415 UNIVERSITY AVE.
ST. PAUL MN 55114**

Mailing Address

**3415 UNIVERSITY AVE.
ST. PAUL MN 55114**

01 MAY -2 AM 11:58

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**



2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

41-1499610

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

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

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

(NOT)

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

**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 # **F98000001883**
NAME **HUBBARD BROADCASTING, INC**
STREET ADDRESS **3415 UNIVERSITY AVE.**
CITY - ST - ZIP **ST. PAUL MN**

DOCUMENT # **HUBBARD, STANLEY S.**
NAME **HUBBARD, STANLEY S.**
STREET ADDRESS **3415 UNIVERSITY AVE.**
CITY - ST - ZIP **ST. PAUL MN**

DOCUMENT #
NAME
STREET ADDRESS
CITY - ST - ZIP

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STREET ADDRESS
CITY - ST - ZIP

13. ADDRESS CHANGES ONLY

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

STREET ADDRESS

CITY - ST - ZIP

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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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

[Handwritten Signature]

4/26/01

CR2E003 (11/00)