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LIMITED
PARTNERSHIP
REINSTATEMENT

A25467

Falcon Cable Media, A California Limited Partnership

DOCUMENT #

SIGNATURE

Typed or Printed Name of General Partner Signing Form

1. Name of Limited Partnership



FILED

00 DEC 11 PM 1: 13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

11/28/00

		(Haylir)					
2. Principal Office Address		3. Mailing Office Address			4. Date Formed or Registered			
12444 Powerscourt Dr.		12444 Powerscourt Dr.			To Do Business in Florida 11/5/87			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. FEI Number Applied Fo			
100		100			95 - 4112568		Not Applicable	
City & State		City & State			CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status			
St. Louis, N	MO	St. Louis, MO			7a. Capital Contributions as shown on Record:			
Zip	Country	Zip	Zip Country		25,000,000			
63131	USA	63131	USA		7b. Amount of Capital Contributions in FLORIDA to date:			
	8. Name and Address of	Current Registered Ager	nt		\mathcal{Q}			
Name CorpAmerica, Inc. Street Address (P.O. Box Number is Not Acceptable) 1525 S. Andrews Ave. Sulte, Apt. #, Etc. 216 City Ft. Lauderdale State State Zip Code FL 33316				1.) Filing Fee(s): Computed at a rate of \$7 per \$1,000 on amount entered in 7b, with a minimum filing fee of \$52.50 and a maximum of \$437.50, for each year due this office. 2.) Supplemental Fee(s): \$88.75 for each year due this office, beginning with 1992 calendar year. 3.) Penalty.Fee(s): \$500 penalty.fee for each year report form is delinquent.—Note: If the amount entered in 7b is greater than amount entered in 7a, a supplemental affidavit must be submitted along with a separate and appropriate filing fee.				
tor 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) A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.								
10. Name(s) of Ge	eneral Partner(s)	Address of Each	h General Partner Office Box Numbers)		City, State and Zip Code	10a.	Registration Document Number	
Partnership	lifornia Limited - Communications - 500.00 52.50	same	COURT Dr.	sa	6000035 -12/20/0 ****641 ame	10n i ns	5:64 59006 ***641.00 000855	
	\$ 641.00						···	
Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.								
11. 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)(i). Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(i) 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.								