2000	UNIFORM B	USINESS REP	ORT	(UBR)			٠	
1. Entity Nam		9 043 . • • s, ltd.			FILED 00 JAN 12 PM 1: 18		÷	
Principal Place of Business 2065 CANTU COURT SARASOTA FL 34232		Mailing Address 2065 CANTU COURT SARASOTA FL 34232	-		SECRETARY OF STATE TALLAHASSEE. FLORIDA			
2. Principal Place of Business		3. Mailing Address	3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE			
City & State		City & State	City & State		4. FEI Number 65-0192616	Applied For Not Applicable		
Zip Country		Žip	Zip Countr		5. Certificate of Status Desired	\$8.75 Additional Fee Required		
	6. Name and Address of C	urrent Registered Agent	•		7. Name and Address of New Registered	Agent		
	-	-	-	Name		,		
SAWYER, DANFORD L JR. 2065 CANTU COURT SARASOTA EL 24222				Street Address	et Address (P.O. Box Number is Not Acceptable)			
SARASOTA FL 34232				City	Zip Code			
8. The above	named entity submits this stater	ment for the purpose of changing	g its register	ed office or register	red agent, or both, in the State of Florida.			
SIGNATURE .	Signature, typed or printed name of registers	ed agent and title if applicable	NOTE: Registere	d Agent signature required	d when reinstating) DATE			
					11. MAKE CHECK PAYABLE	TO DEPT OF STATE		
as Shown		in FLORIDA		54(0)15	SEE REVERSE SIDE FO			
·	A GENERAL PART	NER THAT IS A BUSINESS	ENTITY M	UST BE REGIS	TERED AND ACTIVE WITH THIS OFFICE			
			n the form	; an amendmer	nt must be filed to change a general par			
12.	GENERAL PARTNER INFORMATION				ADDRESS CHANGES ON		æ	
DOCUMENT # J84988 NAME DESOTO BROADCASTING, INC STREET ADDRESS 2065 CANTU COURT		, INC	STR		200002000	3100	2E003 (9/99)	
CITY-ST-ZIP	SARASOTA FL 34232				300003099 	1098-016	CRZEG	
DOCUMENT # NAME STREET ADDRESS			STRE	ET ADDRESS	****525.25	****258*52	J	
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DOCUMENT / NAME STREET ADDRESS	·			ET ADORESS				
CITY-ST-ZIP			<u> </u>	-ST-ZIP				
NAME STREET ADORESS	\ \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\			ET ADORESS				
CITY-ST-ZIP	sertify that the information supplies	ed with this filling does not qualify		/	ection 119.07(3)(i), Florida Statules. I further cer	tify that the information		
indicated the receiv	on this report is true and accyra er or trustee empowered to exec	are any treat my signature/shall ha	napter 620,	eyiegai eπect as/f n Flo rida Statutes Σ	ection 119.07(3)(i), Florida Statules. I further cer nade under oath; that I am a General Partner of	the imited pertnership or		
SIGNAT	URE: DISTRIBUTION SIGNATURE AND TO	OTUSA DAYEN YPED OR/PRINTED NAME OF SIGNING GET	NERAL PARTIME	PRISIDE	J / C. P. 1/5/39W 3	79-006V		