

# A29346

CLIVE STEPHENSON CP


FILED

1993-2001

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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

<b>LIMITED PARTNERSHIP REINSTATEMENT</b>				<b>FLORIDA DEPARTMENT OF STATE</b> Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # A 29346</b>					
1. Name of Limited Partnership <b>PEACHES BROADCASTING LTD</b>					
2. Principal Office Address <b>ROUTE ONE</b>		3. Meeting Office Address <b>3030 HARTLEY ROAD</b>		4. Date Formed or Registered To Do Business in Florida <b>12-14-89</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc. <b>SUITE 270</b>		5. FEI Number <b>59-3158417</b>	
City & State <b>ORLYVILLE</b>		City & State <b>JACKSONVILLE</b>		6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/>	
Zip <b>FL</b>	Country <b>32009</b>	Zip <b>FL</b>	Country <b>32257</b>	7B. Capital Contributions as shown on Record <b>65,000</b>	
8. Name and Address of Current Registered Agent				7C. Amount of Capital Contributions in FLORIDA to date: <b>00</b>	
Name <b>CLIVE N. STEPHENSON</b>				<b>FEES:</b>	
Street Address (P.O. Box Number is Not Acceptable) <b>3030 HARTLEY ROAD</b>				1) Filing Fees: Computed at a rate of \$7 per \$1,000 on amount entered in 7b, with a minimum filing fee of \$62.50 and a maximum of \$437.50 for each year since this office.	
Suite, Apt. #, Etc. <b>SUITE 270</b>				2) Supplemental Fees: \$84.76 for each year due this office, beginning with 1992 calendar year.	
City <b>JACKSONVILLE</b>				3) Penalty Fees: \$600 penalty fee for each year since date of reinstatement.	
State <b>FL</b>				Note: If the amount entered in 7b is greater than amount entered in 7c, a supplemental amount must be submitted along with a separate and appropriate filing fee.	
Zip Code <b>32257</b>				9. I am hereby certifying that the information supplied with this filing is up to date, complete and does not qualify for the exemption noted in Section 190.07(3)(c), Florida Statutes. I request the Division of Corporations from any liability (other than as provided in Section 190.07(3)(d)) in the event that the information supplied is determined to be incorrect or incomplete. I further certify that the information is true and correct to the best of my knowledge and belief and that my signature shall have the same legal effect as if made under oath. I further certify that I am a General Partner of the limited partnership, partner or trustee empowered to execute this return as required by Chapter 670, Florida Statutes.	
Signature <i>[Signature]</i>				DATE <b>12/28/01</b>	
<b>A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b>					
10. Name(s) of General Partner(s)	Address of Each General Partner (Do NOT Use Post Office Box Number)	City, State and Zip Code	100. The partner's Document Number		
<b>UNITED COMMUNICATIONS, INC</b>	<b>1931 SUFFOLK DRIVE</b>	<b>DETROIT MI 48203</b>	<b>D95000079429</b>		
			<b>000004764780--5</b>		
			<b>-01/10/02--01038--001</b>		
			<b>***4745.00 ***4745.00</b>		
<b>Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.</b>					
11. I do hereby certify that the information supplied with this filing is up to date, complete and does not qualify for the exemption noted in Section 190.07(3)(c), Florida Statutes. I request the Division of Corporations from any liability (other than as provided in Section 190.07(3)(d)) in the event that the information supplied is determined to be incorrect or incomplete. I further certify that the information is true and correct to the best of my knowledge and belief and that my signature shall have the same legal effect as if made under oath. I further certify that I am a General Partner of the limited partnership, partner or trustee empowered to execute this return as required by Chapter 670, Florida Statutes.					
SIGNATURE <i>[Signature]</i>				DATE <b>12/28/01</b>	
Typed or Printed Name of General Partner Signing Form <b>RUDITH DOSS (PRES)</b>				Telephone Number <b>(313) 891-4524</b>	

**Clive N. Stephenson**  
*Certified Public Accountant, P.A.*

3030 Hartley Road, Suite 270  
Jacksonville, Florida 32257  
(904) 292-1411

MEMBER  
AMERICAN INSTITUTE OF CERTIFIED  
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PUBLIC ACCOUNTANTS

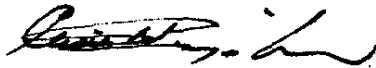
December 28, 2001

Division of Corporations  
Attn: Partnership Section  
409 E. Gaines Street  
Tallahassee, FL 32399

Enclosed please find an application for reinstatement and a check in the amount of \$4,745 for the reinstatement fee and a certificate of status for Peaches Broadcasting, Ltd.

Please be advised that due to address changes the partnership did not receive the annual filing notices and notice of dissolution. Therefore we are requesting a rebate of the penalties.

Sincerely,



Clive N. Stephenson