## FILE ON OR BEFORE DECEMBER 31, 1998 OR LIMITED PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

## LIMITED PARTNERSHIP ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS** 

**DOCUMENT#** 

93 FYT - 9 FY 1: 52

	A32250								
RAINBOW BROADCAS	TING, LTD.								
Mailing Address 2000 UNIVERSAL STUDIOS PLAZA SUITE 200 ORLANDO FL 32819	Principal Office Address 2000 UNIVERSAL STUDIO SUITE 200 ORLANDO FL 32819	IS PLAZA	3. Date Formed or Registered 11/20/1991 3a. Date of Last Report 12/10/1997	\$3,651,292.47  5b. Amount of Capital Contributions in FLORIDA					
2. Mailing Address	2a. Principal Office Add	ress	4. State or Country of Formation	3,651,292.47					
Suite, Apt. #, etc.  City & State	Suite, Apt. #, etc.  City & State		6. FEI Number 36-5129247	Applied For Not Applicable					
Zip Country	Zip	Country	7. Certificate of Status Desired  8. Make check payable to Dept. of	\$8.75 Additional Fee Required of State (See reverse side for fee information)					
9. Name and Add	iress of Current Registered Agent		10. If changed, new Registere	d Agent/Office					
CORPORATION COMPANY OF	MIAMI	Name Street Address	Name Street Address (P.O. Box Number Is Not Acceptable)						

<ol> <li>Name and Address of Current Registered Agent</li> </ol>	10. If changed, new Registered Agent/Office					
CORPORATION COMPANY OF MIAMI	Name Street Address (P.O. Box Number  s Not Acceptable)					
1600 MIAMI CENTER 201 S. BISCAYNE BLVD.	Suite, Apt. #, etc.					
MIAMI FL 33131	FL ZipCole / 1					

10a. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, submits this spacement for 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) \_

DATE

## A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.

11, Name(s) of General Partner(s)	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)	11b. City, State & Zip Code	11c. Registration/ Document Number
RAINBOW BROADCASTING CO., IN	2000 UNIVERSAL STUDIO	ORLANDO FL 32819	\$95370
		200002 -02/17 *****	7784984 /9301070017 41.25 ****\$41.25

Note:	General	partn	ers M	IAY N	OT b	e char	nged	l on thi	is for	m; an	ı am	endn	nent :	must	be	filed t	o ch	ange	a g	enera	l par	tner

2.	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)(k), Florida Statutes. I release the Division of
	Corporations from any liability of non-compliance with Section 119.07(3)(k) 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.

SIGNATURE	
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Typed or Printed Name of General Partner Signing Form