

# 2000 UNIFORM BUSINESS REPORT (UBR)

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11/25/00

<b>DOCUMENT # A32250</b>	
1. Entity Name <b>RAINBOW BROADCASTING, LTD.</b>	
Principal Place of Business <b>2000 UNIVERSAL STUDIOS PLAZA SUITE 200 ORLANDO FL 32819</b>	Mailing Address <b>2000 UNIVERSAL STUDIOS PLAZA SUITE 200 ORLANDO FL 32819-7606</b>

FILED  
00 JAN 27 PM 3:24  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



2. Principal Place of Business <b>6405 EDGEWORTH DR.</b>	3. Mailing Address <b>6405 EDGEWORTH DR.</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State <b>ORLANDO, FL</b>	City & State <b>ORLANDO, FL</b>	4. FEI Number <b>36-5129247</b>	Applied For <input type="checkbox"/> Not Applicable
Zip <b>32819</b>	Country <b>US</b>	Zip <b>32819</b>	Country <b>US</b>
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>			

6. Name and Address of Current Registered Agent <b>CORPORATION COMPANY OF MIAMI 1600 MIAMI CENTER 201 S. BISCAYNE BLVD. MIAMI FL 33131</b>	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code
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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. (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

9. Capital Contributions as Shown on record. <b>\$3,651,292.47</b>	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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**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		13. ADDRESS CHANGES ONLY	
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP	<b>S95370 RAINBOW BROADCASTING CO., INC. 2000 UNIVERSAL STUDIOS PLAZA, STE. 200 ORLANDO FL 32819</b>	STREET ADDRESS CITY - ST - ZIP	<b>6405 EDGEWORTH DRIVE ORLANDO, FL 32819</b>
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP		STREET ADDRESS CITY - ST - ZIP	<b>100003118341--01 -02/01/00--01066--011 ****526.25 ****526.25</b>
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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 REQUIRED** **REY** **1/21/00** **407 3542451**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (9/99)