2005 LIMITED PARTNERSHIP ANNUAL REPORT (AR) DUE BY MAY 1, 2005

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

May 24, 2005 08:00 AM Secretary of State DOCUMENT # A93000001425 1. Entity Name CHAMPION COMMUNICATIONS, LTD. Mailing Address Principal Place of Business 1801 SOUTH FEDERAL HIGHWAY, SUITE 300 1801 SOUTH FEDERAL HIGHWAY, SUITE 300 DELRAY BEACH FL 33483 **DELRAY BEACH FL 33483** Mailing Address 2. Principal Place of Business Suite, Apt #, etc. Suite, Apt. #, etc. 1ST MOORE CR2E003 (10/04) Applied For City & State City & State 4. FEI Number 65-0456522 Not Applicable Country Zip Country Zìn **\$8.75** Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name CHAMPION COMMUNICATIONS INC. Street Address (P.O. Box Number is Not Acceptable) 1801 SOUTH FEDERAL HIGHWAY, SUITE 300 **DELRAY BEACH FL 33483** City Zip Code 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. I am familiar with, and accept the obligations of registered agent. 11. FILE NOW!!! Due by May 1, 2005. SIGNATURE -See Block 11 instructions for fee info. DATE Signature, typed or printed name of registered agent and title if applicable 9. Capital Contributions 10. Amount of Capital Contributions \$1,000.00 in FLORIDA to date 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. ADDRESS CHANGES ONLY GENERAL PARTNER INFORMATION 13. 12. DOCUMENT # STREET ADDRESS CHAMPION COMMUNICATIONS INC. NAME 1801 SOUTH FEDERAL HIGHWAY, SUITE 300 STREET ADDRESS CITY-ST-7IP U00000368210 CITY-ST-ZIP DELRAY BEACH FL 33483 /24/05-80013-003 141 DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZtP CITY-ST-ZIP DOCUMENT# STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS STREET ADDRESS CITY-ST-7P CITY - ST - ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-7P CITY-ST-ZIP 14. I hereby certify that the information supplies 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 exempte this report as required by Chapter 620, Florida Statutes

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