2000 UNIFORM BUSINESS REPORT (UBR):

SIGNATURE:

DOCUMENT # A9400001531 1. Entity Name						e Cheatan	ILED	
MARK OF THE BEAR PARTNERSHIP, LTD.					FILED SECRETARY OF STATE DIVISION OF CURPORATIONS			
Principal Place of Business Mailing Address 1551 SANDSPUR ROAD P.O. BOX 4961 MAITLAND FL 32751 ORI ANDO FL 32802 4961						OOMAR 31 AMII: 19		
2. Principal Place of Business 3. Mailing Address 1551 4005			auder Resident	<u> </u>				
Suite, Apt. #, etc. Suite, Apt. #, etc.			y -,			DO NOT WRITE	IN THIS SPACE	
City & State		City & State (A)	& Sjate + C		4. FEI Number	59-3278098	Applied For Not Applicable	
Zip	ip Country Zip 32751		Country 5	oyntry 5. Certiff		Status Desired	Sa.75 Additional Fee Required	
	6. Name and Address of Current F	Non		7. Name and A	ddress of New Req	gistered Agent		
DULIN, RAMSEY W. ESQUIRE 201 E. PINE STREET, SUITE 1402				Name Street Address (P.O. Box Number is Not Acceptable)				
ORLANDO FL 32801			City	City FL 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.								
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. \$1,000,000.00 10. Amount of Capital Cinchester in FLORIDA to date				3	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION			
A GENERAL PARTNER THAT IS A BUSINESS ENTITY NOTE: General Partners MAY NOT be changed on the fo				BE REGIST	ERED AND AC	TIVE WITH THIS	OFFICE.	
12. GENERAL PARTNER INFORMATION					ADDRESS CHANGES ONLY			
DOCUMENT# NAME	ORLANDO FL 32801			ESS				
STREET ADDRESS CITY+ST+ZIP					4000031986348 -04/06/0001081004			
DOCUMENT # NAME	NAME ASCENDING FILMS, INC. STREET ADDRESS 443 HAMPTONCREST			ESS	****528.25 ****526.25			
STREET ADDRESS CITY - ST - ZIP								
DOCUMENT# NAME			STREET ADDR	ESS				
STREET ADDRESS CITY-ST-ZIP			CITY - ST - ZIP					
DOCUMENT# NAME			STREET ADDR	RESS				
STREET ADDRESS City-St-Zip			CITY-ST-ZIP	1	.			
DOCUMENT # NAME			STREET ADDR	ESS	<u> </u>			
STREET ADDRESS CITY-ST-ZIP			CITY-ST-ZIP					
DOCUMENT# NAME			STREET ADDR	RESS	4/2			
STREET ADDRESS CITY-ST-ZIP			CITY+ST-ZIP					
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 legor as required by Chapter 620. Florida Statutes. WORLDWIDE PERSONNELS.								