

2000 UNIFORM BUSINESS REPORT (UBR)

0020100 AF

DOCUMENT # A95000000697

1. Entity Name
 QUAGGA TELEVISION PARTNERS LIMITED PARTNERSHIP *due 5/1/2000*


Principal Place of Business
 14400 SW 46TH CT
 Ocala FL 34473

Mailing Address
 DRAWER 367
 OXFORD FL 34484-0367

2. Principal Place of Business
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country

FILED
 00 APR 13 PM 2:14
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA



4. FEI Number 59-3306131 **Applied For**
 Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
 FAW, LARRY D
 14400 SW 46TH CT.
 Ocala FL 34473

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 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. \$350,000.00 **10. Amount of Capital Contributions in FLORIDA to date.** \$190,000 **11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION**

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 #	FAW, LARRY D	STREET ADDRESS	500003225195--E
NAME	14400 SW 46TH CT.	CITY - ST - ZIP	-04/26/00--01073--014
STREET ADDRESS	OCALA FL 34473		*****8.75 *****8.75
CITY - ST - ZIP			
DOCUMENT #		STREET ADDRESS	500003225195--E
NAME		CITY - ST - ZIP	-04/26/00--01073--015
STREET ADDRESS			*****526.25 *****526.25
CITY - ST - ZIP			
DOCUMENT #		STREET ADDRESS	
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DOCUMENT #		STREET ADDRESS	
NAME		CITY - ST - ZIP	
STREET ADDRESS			
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 report as required by Chapter 620, Florida Statutes

SIGNATURE: *[Signature]* **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER** *Managing General Partner* **4/7/2000** **(352) 347-3947**

CR2E003 (9/99)