FILE ON OR BEFORE DECEMBER 31, 1996 OR PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND $500 PENALTY FEE

A95000001038

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
97 FEB 19 PM 1:53

LIMITED PARTNERSHIP ANNUAL REPORT
1997

Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

1. Name of Limited Partnership	1a. DOCUMENT #
CROSSVILLE TV LIMITED PARTNERSHIP	A95000001038

Mailing Address	Principal Office Address
~~2159 MILLER LANDING ROAD~~	~~2159 MILLER LANDING ROAD~~
TALLAHASSEE, FL ~~32312~~	TALLAHASSEE, FL ~~32312~~

2. Mailing Address	2a. Principal Office Address
3110 CAPITAL CIRCLE N.E.	3110 CAPITAL CIRCLE N.E.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: TALLAHASSEE, FLORIDA	City & State: TALLAHASSEE, FLORIDA
Zip: 32308-3706 Country: USA	Zip: 32308-3706 Country: USA

3. Date Formed or Registered: 7/12/95	5a. Capital Contributions as Shown on record: 60,000.00 ~~430,000.00~~
3a. Date of Last Report: 12/29/95	5b. Amount of Capital Contributions in FLORIDA to date: 430,000.00
4. State or Country of Formation: Florida	
6. FEI Number: 59-3327122	☐ Applied For ☐ Not Applicable
7. Certificate of Status Desired	☐ $8.75 Additional Fee Required
8. Make check payable to Dept. of State (See reverse side for fee information): $576.25	

9. Name and Address of Current Registered Agent	10. If changed, new Registered Agent/Office
CYNTHIA P. WILLIS 2159 MILLER LANDING ROAD TALLAHASSEE, FL 32312	Name Street Address (P.O. Box Number Is Not Acceptable): 2059 MILLER LANDING ROAD Suite, Apt. #, etc. City: TALLAHASSEE FL Zip Code: 32312

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 statement 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
C.W. TV, INC.	2059 MILLER LANDING ROAD	TALLAHASSEE, FL 32312	P95000051544

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-02/21/97--01099--010
****576.25 ****541.25

dcc 541.25 (new fee)

CR2E003 (6/96)

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

12. 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.

C.W. TV, INC.
SIGNATURE Cynthia P. Willis Cynthia P. Willis DATE 12/22/96

Typed or Printed Name of General Partner Signing Form: CYNTHIA P. WILLIS, PRESIDENT Daytime Telephone Number