

A95000001563

TODD A. STERZOY
Bolland and Knight

(Requestor's Name)
315 South Calhoun Street Suite 600
(Address)
Tallahassee, Florida 32302
(City, State, Zip) (Phone #)

OFFICE USE ONLY

FILED
SECRETARY OF CORPORATIONS
DIVISION OF CORPORATIONS
95 OCT 17 AM 11:22

CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

800001617059
-10/23/95--01024--008
****140.00 ****140.00

1. ASOTV PARTNERS, Ltd
(Corporation Name) (Document #)
2. _____
(Corporation Name) (Document #)
3. _____
(Corporation Name) (Document #)
4. _____
(Corporation Name) (Document #)

☒ Walk in

☒ Pick up time

1:00

☒ Certified Copy

☐ Mail out

☐ Will wait

☐ Photocopy

☐ Certificate of Status

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input checked="" type="checkbox"/>	Foreign
<input checked="" type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

FILED
FILING
A. AGENT FEE 52.50
B. COPY 35.00
C. DM 52.50
D. SER 140.00
BALANCE DUE
TOTAL

10/17/95

Examiner's Initials BK

**CERTIFICATE OF LIMITED PARTNERSHIP OF
ASOTV PARTNERS, LTD.**

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
1995 OCT 17 AM 11:22

The undersigned general partner of ASOTV Partners, Ltd., a Florida limited partnership (the "partnership"), desiring to adopt a certificate of limited partnership (the "certificate") pursuant to Section 620.108 of the Florida Revised Uniform Limited Partnership Act (1986), hereby states the following:

1. The name of the Partnership is "ASOTV Partners, Ltd."
2. The address of the office of the Partnership is 138 North County Road, Palm Beach, Florida 33480, and the Partnership's agent for service of process at that address is Martin A. List.
3. The name and business address of the sole General Partner is ASOTV Holdings, Inc., c/o Martin A. List, 138 North County Road, Palm Beach, Florida 33480. *PASCUCCI 70102*
4. The mailing address of the Partnership is 138 North County Road, Palm Beach, Florida 33480.
5. The latest date upon which the Partnership shall dissolve is December 31, 2040.
6. This Certificate shall be effective upon the date of filing with the Department of State of the State of Florida.

IN WITNESS WHEREOF, this Certificate has been executed by the General Partner of the Partnership this 12th day of October, 1995.

ASOTV HOLDINGS, INC.
General Partner

By: _____

[Signature]
Dean Rotchin
President

ACCEPTANCE OF APPOINTMENT AS REGISTERED AGENT

Having been named as the registered agent for ASOTV Partners, Ltd., a Florida limited partnership (the "Partnership"), in the foregoing Certificate of Limited Partnership of the Partnership, I hereby agree to accept service of process for said Partnership and to comply with all statutes relative to the complete and proper performance of the duties of the registered agent.


Martin A. List

Dated: October 10, 1995

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 OCT 17 PM 11:22

STATE OF FLORIDA)

COUNTY OF PALM BEACH)

FILED
SECRETARY OF CORPORATIONS
DIVISION OF CORPORATIONS
95 OCT 17 AM 11:22

AFFIDAVIT OF CAPITAL CONTRIBUTIONS


The undersigned, Dean Rotchin, President of ASOTV Holdings, Inc., the sole General Partner of ASOTV Partners, Ltd., a Florida limited partnership (hereinafter referred to as the "Partnership"), being duly sworn, certifies as follows:

The actual amount of capital contributed to the Partnership by the Limited Partners is \$10. The anticipated amount of capital contributions (including the actual amount of capital contributed by the Limited Partners) to the Partnership by the Limited Partners is \$10.


FURTHER AFFIANT SAYETH NOT.

Under penalties of perjury I declare that I have read the foregoing and that the facts alleged are true, to the best of my knowledge and belief.

ASOTV HOLDINGS, INC.
Sole General Partner of
ASOTV PARTNERS, LTD.

By: 
Dean Rotchin
President

The foregoing instrument was acknowledged before me this 12th day of October, 1995, by Dean Rotchin, President of ASOTV Holdings, Inc., the Sole General Partner of ASOTV Partners, Ltd., a Florida limited partnership, on behalf of the corporation. He is personally known to me and did not take an oath.


Notary Public
State of Florida

My Commission Expires:

WPB-36905



KENT DAVID HUFFMAN
MY COMMISSION # CC474675 EXPIRES
June 20, 1999
BONDED THRU TROY FAIR INSURANCE, INC.

A95000001563

ASOTV PARTNERS, LTD.

138 NORTH COUNTY ROAD
PALM BEACH, FL 33480
407-615-8488

April 23, 1996

800001799088
-04/29/96--01074--013
****\$16.82 ****\$25.57

Registration Section
Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

FILED
96 APR 25 PM 3:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RE: ASOTV PARTNERS, LTD.
Document Number A95000001563

Dear Sir/Madam:

I am in receipt of your letter dated April 19, 1996 (copy attached) regarding the revocation of authority of the above-referenced entity to transact business in Florida which I believe has been issued in error.

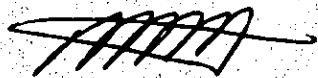
Enclosed is a copy of your letter dated April 3, 1996 which granted us 30 days to amend our original filing and remit with the proper fees based on the increased capital contribution. The original annual report, the supplemental affidavit and a check in the amount \$516.82 which were requested in your letter are also enclosed.

Please be advised that our original submission and payment were mailed to you in a timely manner, albeit the fee was incorrect. We do not claim any hardship, but operated under the premise that if we submitted the correction to you within 30 days of receipt of your letter, our partnership standing would not be effected.

If you have any questions, please contact me at (407)655-7150. Your attention to this matter is greatly appreciated.

Sincerely,

ASOTV PARTNERS, LTD.



Martin A. List, Partner

A95-1563

Name	RE 426
Availability	RE
Document Examiner	RE
Updater	RE
Underwriter	RE
Verifier	RE
Acknowledgment	RE
W. P. Verity	RE



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

**SUPPLEMENTAL AFFIDAVIT OF CAPITAL CONTRIBUTIONS FOR A
FLORIDA LIMITED PARTNERSHIP**

The undersigned general partners of ASOTV Partners, LTD., a
Florida Limited Partnership, executed this supplemental affidavit filed pursuant to section 620.112,
Florida Statutes.

The total amount of the capital contributions of the limited partners is: \$ 27,020.95.

This 23rd day of April, 19 96.

FURTHER AFFIANT SAYETH NOT.

*Under penalties of perjury I declare that I have read the foregoing and that the facts are true, to
the best of my knowledge and belief.*

General Partner(s)

[Signature]

FILED
96 APR 25 PM 3:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FEES:

\$7 per \$1,000 based on the additional contributions
(Minimum \$52.50 - Maximum \$1,750.00)

INHSE20(3/95)

FILE ON OR BEFORE APRIL 5, 1996 TO AVOID
REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra Motham
Secretary of State
DIVISION OF CORPORATIONS

FILED

96 APR 25 PM 3:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE.

1. Name of Limited Partnership

1a. DOCUMENT #
A95000001563

ASOTV PARTNERS, LTD.

Mailing Address

138 NORTH COUNTY ROAD
PALM BEACH FL 33480

Principal Office Address

138 NORTH COUNTY ROAD
PALM BEACH FL 33480

If above addresses are incorrect in any way, line through the incorrect information and enter correct address in Block 2 and/or 2a.

3. Date Formed or Registered to Do Business in
FLORIDA
10/17/1995

3a. Date of Last Report

4. State or Country of Formation

FL

City, State & Zip
400001799094
-04/29/96--01074--013

5a. Applied For
27,020.00

5b. Amount of Capital Contributions in
FLORIDA to date:
27,020.00

6. FEI Number
65-0620830

Applied For
Not Applicable

7. CERTIFICATE OF STATUS REQUIRED

8. FEES: 1.) Filing Fee: Computed at a rate of \$7 per \$1,000 on amount entered in 5b or 5a if 5b blank, with a minimum filing fee of \$52.50 and a maximum of \$437.50.
2.) Supplemental Fee: \$138.75 (pursuant to section 607.193, F.S.)
THE AMOUNT DUE SHALL BE NO LESS THAN \$191.25 (\$52.50 + \$138.75) AND NO MORE THAN \$578.25 (\$437.50 + \$138.75)
Note: If the amount entered in 5b is greater than amount entered in 5a, a supplemental affidavit must be submitted along with a separate and appropriate filing fee.
MAKE CHECK PAYABLE TO FLORIDA DEPT. OF STATE.

9. Name and Address of Current Registered Agent

LIS, MARTIN A
138 NORTH COUNTY ROAD
PALM BEACH FL 33480

10. If changed, new Registered Agent/Office

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, etc.

City

FL

Zip Code

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)

ASOTV HOLDINGS, INC.

11a. Address of Each General Partner
(Do NOT Use Post Office Box Numbers)

138 NORTH COUNTY ROAD

11b. City, State & Zip Code

PALM BEACH FL 33480

11c. Registration/
Document Number

P0500079102

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.

SIGNATURE

DATE

3/24/96

Typed or Printed Name of General Partner Signing Form

MARTIN A. LIS

Telephone Number

707-615-8484

0001137

CR2E003 (1/1/95)