

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0006066 AT

DOCUMENT # A96000000115

1. Entity Name
ROOT COMMUNICATIONS, LTD.



FILED

03 APR 22 PM 9:06

Principal Place of Business
275 CLYDE MORRIS BLVD.
ORMOND BEACH FL 32174

Mailing Address
275 CLYDE MORRIS BLVD.
ORMOND BEACH FL 32174



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

DUE BY MAY 1, 2003

4. FEI Number 59-3346052

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

VOGES, WILLIAM J
275 CLYDE MORRIS BLVD.
ORMOND BEACH FL 32174

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

DATE

9. Capital Contributions
as Shown on record. \$16,751,989.97

10. Amount of Capital Contributions
in FLORIDA to date. \$16,443,796.61

11. MAKE CHECK PAYABLE TO FL. 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 # P97000107305
NAME ROOT MEDIA GP, INC.
STREET ADDRESS 275 CLYDE MORRIS BLVD.
CITY-ST-ZIP ORMOND BEACH FL 32174

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT # M94000000022
NAME RDT, L.L.C.
STREET ADDRESS 275 CLYDE MORRIS BLVD.
CITY-ST-ZIP ORMOND BEACH FL 32174

STREET ADDRESS

CITY-ST-ZIP

100016635381
04/22/03--01079--013 **526.25

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
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 of William J. Voges

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

William J. Voges 4/3/2003 386/671/4908

Date

Daytime Phone #

CR2E003 (10/02)

STAPLE CHECK HERE