

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED
PARTNERSHIP
REINSTATEMENT



REINSTATEMENT
Katherine Harvie
Secretary of State
DIVISION OF CORPORATIONS

FILED

00 SEP 20 AM 9:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

A96-165

1. Name of Limited Partnership

Tampa Broadcasting, Ltd.

2. Principal Office Address

5207 Washington Blvd.

3. Mailing Office Address

5207 Washington Blvd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Tampa, FL

City & State

Tampa, FL

Zip

33619

Country

USA

Zip

33619

Country

USA

8. Name and Address of Current Registered Agent

Name

Dr. Glenn W. Cherry

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

5207 Washington Blvd.

Suite, Apt. #, Etc.

City

Tampa

State

FL

Zip Code

33619

9. 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)

Dr. Glenn W. Cherry

DATE

9/18/00

A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY
MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.

10. Name(s) of General Partner(s)

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

City, State and Zip Code

10a. Registration
Document Number

~~Dr. Glenn W. Cherry~~

~~5207 Washington Blvd~~

~~Tampa, FL 33619~~

~~Charles W. Cherry II~~

~~5207 Washington Blvd~~

~~Tampa, FL 33619~~

TAMA Broadcasting, LLC

5207 Washington Blvd

Tampa, FL 33619

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

11. 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)(i), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(i) 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

Glenn W. Cherry, Managing member of the General Partner

DATE

9/18/00

Typed or Printed Name of General Partner Signing Form

Glenn W. Cherry

Telephone Number

813-620-1360

CR2E039 (11/99)