

APPROVED
AND
FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED
PARTNERSHIP
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # A96000000165

1. Name of Limited Partnership

Tampa Broadcasting, Ltd.

REINSTATEMENT 2001

2. Principal Office Address

5207 Washington Blvd

3. Mailing Office Address

Suite, Apt. #, etc.

4. Date Formed or Registered
To Do Business in Florida

11/2/96

5. FBI Number

105-0688545

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

20.75 Additional fee required
for a Certificate of Status

7a. Capital Contributions as shown on Record:

\$101

7b. Amount of Capital Contributions in FLORIDA to date:

101

8. Name and Address of Current Registered Agent

Name: Glenn W. Cherry

Street Address (P.O. Box Number is Not Acceptable)
5207 Washington Blvd

Suite, Apt. #, Etc.

City: Tampa

State: FL

9. Pursuant to the provisions of sections 620.1051 and 620.102, Florida Statutes, the undersigned, 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 section 620.102, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment)

Glenn W. Cherry

A GENERAL PARTNER THAT IS A CORPORATION
MUST BE REGISTERED

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

Address of Each
(Do NOT Use Post Office Box)

Tampa Broadcasting
Group of Florida,
L.C.

5207 W

Tampa, FL

Please validate
\$1093.75 on
this document.
\$52.50 goes
into CWT.

FEES:

\$1,000 on amount entered
and a maximum of \$437.50.

When this office, beginning

your return form is delinquent
than amount entered in
and along with a separate

When, submit this statement
appointment of registered

09-01

BUSINESS ENTITY

11. Registration
Document Number

960220012

100004686181--0
-11/16/01--01094--041
***1053.75 ***693.75

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

DATE 11-09-01

Typed or Printed Name of General Partner Signing Form

Glenn W. Cherry

Telephone Number 813-620-1320