2000 UNIFORM BUSINESS REPORT (UBR)

| DOCUI | | 00001234 | | FILED SECRETARY OF STATE DIVISION OF CORPORATIONS | |
|--|--|--|--|---|--|
| PCL MEDIA, LTD. | | | | DIVISION OF CORPORATIONS | |
| Principal Place of Business 1600 CAPITAL CIRCLE. S.W. TALLAHASSEE FL 32310 Mailing Address 1600 CAPITAL CIRCLE. S.W. TALLAHASSEE FL 32310-924 | | | | 00 MAR 24 AM 9: 56 | |
| | | | | | |
| 2. Principal Place of Business | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. Suite, Apt. #, etc. | | | DO NOT WRITE IN THIS SPACE | | |
| City & State | | City & State | | 4. FEI Number 59-3390356 Applied For Not Applicable | |
| Zip | Country | Zip | Country | 5. Certificate of Status Desired | |
| | 6. Name and Address of Current | Registered Agent | | 7. Name and Address of New Registered Agent | |
| | | | Name | Name | |
| LOWE, FRANCES C 1600 CAPITAL CIRCLE, S.W. | | | Street Addres | Street Address (P.O. Box Number is Not Acceptable) | |
| TALLAHASSEE FL 32310 | | | | | |
| | | | City | FL Zip Code | |
| 8. The above | named entity submits this statement fo | or the purpose of changing its re | egistered office or regis | stered agent, or both, in the State of Florida. | |
| SIGNATURE . | Signature, typed or printed name of registered agent | and title if applicable. (NOTE: | Registered Agent signature requ | iired when reinstating) DATE | |
| 9. Capital Contributions as Shown on record. \$99.00 in FLORIDA to date | | | Contributions | 11. MAKE CHECK PAYABLE TO DEPT. OF STATE | |
| | | | | SEE REVERSE SIDE FOR FEE INFORMATION | |
| | on record. \$35.00 A GENERAL PARTNER1 | in FLORIDA to dat | le. ITY MUST BE REGI | SEE REVERSE SIDE FOR FEE INFORMATION STERED AND ACTIVE WITH THIS OFFICE. | |
| | on record. \$35.00 A GENERAL PARTNER1 | in FLORIDA to dat THAT IS A BUSINESS ENT AY NOT be changed on the | le. ITY MUST BE REGI | SEE REVERSE SIDE FOR FEE INFORMATION | |
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Frances C Lowe