

2002 UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # A96000001234

FILED

02 FEB -4 PM 3:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Entity Name

PCL MEDIA, LTD.

Principal Place of Business

1600 CAPITAL CIRCLE, S.W.
TALLAHASSEE FL 32310

Mailing Address

1600 CAPITAL CIRCLE, S.W.
TALLAHASSEE FL 32310



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DUE BY MAY 1, 2002

City & State

City & State

4. FEI Number

59-3390356

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

LOWE, FRANCES C
1600 CAPITAL CIRCLE, S.W.
TALLAHASSEE FL 32310

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.

SIGNATURE _____

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

DATE _____

9. Capital Contributions as Shown on record. **\$99.00**

10. Amount of Capital Contributions in FLORIDA to date.

11. **MAKE CHECK PAYABLE TO 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 # NAME STREET ADDRESS CITY-ST-ZIP	P96000054996 PRINCE COMMUNICATIONS PUBLISHING, INC. 1600 CAPITAL CIRCLE, S.W. TALLAHASSEE FL 32310
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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: Francis C. Lowe
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

1/29/02 575-0189
Date Daytime Phone #

CR2E003 (9/01)