2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING G

## A96000001234 DOCUMENT # 1. Entity Name FILED PCL MEDIA, LTD. 03 MAR | 4 AM 8: 48 Principal Place of Business 1600 CAPITAL CIRCLE, S.W. Mailing Address 1600 CAPITAL CIRCLE, S.W. SECRETARY OF STATE TARBAHAISSEEFFEORIDA TALLAHASSEE FL 32310 TALLAHASSEE FL 32310 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. **DUE BY MAY 1, 2003** City & State City & State 4. FEI Number 59-3390356 Applied For Not Applicable Zip Country - Zip Country \$8.75 Additional 5. Certificate of Status Desired 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.--Street Address (P.O. Box Number is Not Acceptable) TALLAHASSEE FL 32310 City 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, typed or printed name of registered agent and title if applicable 9. Capital Contributions 10. Amount of Capital Contributions \$99.00 11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE as Shown on record. in FLORIDA to date. 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 ADDRESS CHANGES ONLY P96000054996 DOCUMENT # CR2E003 (10/02) PRINCE COMMUNICATIONS PUBLISHING, INC. STREET ADDRESS NAME STREET ADDRESS 1600 CAPITAL CIRCLE, S.W. CITY-ST-ZIP CITY-ST-ZIP TALLAHASSEE FL 32310 DOCUMENT # 200013139392 STREET ADDRESS NAME <u> 02/26/03--01048--014 \*\*99.</u> STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME 200013139393 03/14/03--01078--006 \*\*47 STREET ADDRESS CITY-ST-7/P CITY-ST-ZIP DOCUMENT # STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP 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

WRED Frances C. Lowe

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