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Florida Department of State
Division of Corporations
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To:
Division of Corporations
Fax Number : (850)617-6383

From:
Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850)222-1092
Fax Number : (850)878-5368

L. SELLERS
JUL 28 2010
EXAMINER

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

LP/LLLP REINSTATEMENT
BLACKSTONE UTP CAPITAL PARTNERS A L.P.

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	$4,000.00

RECEIVED
10 JUL 27 PM 4:00
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TALLAHASSEE, FLORIDA

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10 JUL 27 AM 10:53
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TALLAHASSEE, FLORIDA

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED PARTNERSHIP REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

CR2E039 (1/07)

DOCUMENT # B01000000110

1. Name of Limited Partnership

Blackstone UTP Capital Partners A L.P.

2. Principal Office Address - No P.O. Box #		3. Mailing Office Address	
345 Park Ave.		c/o The Blackstone Group	
Suite, Apt. #, etc.		Suite, Apt. #, etc. 345 Park Ave.	
City & State New York, NY		City & State New York, NY	
Zip 10154	Country U.S.A	Zip 10154	Country U.S.A

4. Date Formed or Registered To Do Business in Florida 3/27/2001

5. FEI Number 134126902 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $30.00 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent

Name: CT Corporation System

Street Address (P.O. Box Number is Not Acceptable): 1200 South Pine Island Road

Suite, Apt. #, Etc.

City: Plantation | State: FL | Zip Code: 33324

7. FEES:

Filing Fee(s): $411.25 for each year due this office.

Supplemental Fee(s): $88.75 for each year due this office.

Penalty Fee(s): $600 for each year or part thereof limited partnership revoked on our records.

☐ A $500 penalty is due for each year or part thereof the entity's certificate of authority was revoked on our records, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the $500 penalty fee(s) be waived.

9. Pursuant to the provisions of section 620.1610 or 620.1900, Florida Statutes, I hereby accept the appointment of registered agent. I am familiar with and accept the obligations of Chapter 620, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment) _____ (REGISTERED AGENT MUST SIGN) DATE 7/26/10

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
BLACKSTONE MEDIA MANAGEMENT ASSOCIATES III LLC	345 PARK AVENUE 16TH FLOOR	NEW YORK, NY 10154	M10000000679

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TALLAHASSEE, FLORIDA

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 exemptions contained in Chapter 119, Florida Statutes. I release the Division of Corporations from any liability or non-compliance with Chapter 119, F.S. 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 _____ DATE 7-20-10

Typed or Printed Name of General Partner Signing Form Louis Pompeo

Telephone Number 212-583-5948