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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

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	$1,000.00

RECEIVED
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TALLAHASSEE, FLORIDA

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TALLAHASSEE, FLORIDA

G. MCLEOD
NOV - 7 2011
EXAMINER

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

LIMITED PARTNERSHIP REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
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TALLAHASSEE, FLORIDA

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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 Avenue	c/o The Blackstone Group
Suite, Apt. #, etc.	Suite, Apt. #, etc.
	345 Park Avenue
City & State	City & State
New York, NY	New York, NY
Zip / Country	Zip / Country
10154 / U.S.A.	10154 / 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 ☐ $8.75 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 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): $500 for each year or part thereof limited *partnership revoked* on our records.

E-mail Address:

E-Mail address to be used for future annual report notices

9. Pursuant to the provisions of section 620.1510 or 620.1909, Florida Statutes, I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of Chapter 620, Florida Statutes.

Connie Brown Assistant Secretary DATE 11/6/11

SIGNATURE (Registered Agent Accepting Appointment) (REGISTERED AGENT MUST SIGN)

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 Number(s))	City, State and Zip Code	10a. Registration Document Number
Blackstone Media Management Associates III LLC	345 Park Avenue, 16th Floor	New York, NY 10154	M01000000679

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 exemption pursuant to Chapter 119, Florida Statutes. I release the Division of Corporations from any liability of 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 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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE John A. Magliano DATE OCT 28 2011

Typed or Printed Name of General Partner Signing Form: John A. Magliano Telephone Number: 212-583-5022