2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # B01000000112

1. Entity Name

BLACKSTONE FAMILY MEDIA PARTNERSHIP III, L.P.

FILED
2002 APR 12 PM 4:57
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
345 PARK AVE. NEW YORK NY 10154	345 PARK AVE. NEW YORK NY 10154

2. Principal Place of Business	3. Mailing Address c/o The Blackstone Group 345 Park Ave., New York, N.Y. 10154
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

DUE BY MAY 1, 2002

4. FEI Number 13-4081803 — Applied For / Not Applicable

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
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record.	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
$14,943,388.00		

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 #	M01000000679	STREET ADDRESS	
NAME	BLACKSTONE MEDIA MANAGEMENT ASSOCIATES III	CITY-ST-ZIP	300005282963--4
STREET ADDRESS	345 PARK AVENUE		-04/16/02--01064--021
CITY-ST-ZIP	NEW YORK NY 10154		****526.25 ****526.25
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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

SIGNATURE: SIGNATURE REQUIRED Michael Puglisi 4/3/02 (212) 583-5348

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #

CR2E003 (9/01)