

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED
PARTNERSHIP
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

07 FEB 27 PM 4:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # B0200000000034

1. Name of Limited Partnership

LocalOne TV L.P.

2. Principal Office Address - No P.O. Box #
1227 West Magnolia Avenue

3. Mailing Office Address
1227 West Magnolia Avenue

Suite, Apt. #, etc.
Suite 300

Suite, Apt. #, etc.
Suite 300

City & State
Fort Worth, TX

City & State
Fort Worth, TX

Zip Country
76104-4400 USA

Zip Country
76104-4400 USA

4. Date Formed or Registered
To Do Business in Florida 02/06/2002

5. FEI Number
75-2999265

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
Jeanette Jordan

Street Address (P.O. Box Number is Not Acceptable)
20295 NW 2nd Avenue,

Suite, Apt. #, Etc.
Suite 204B

City
Miami,

State Zip Code
FL 33169

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.

☒ 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certificate of authority was revoked on our records, except in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 620.1810 or 620.1909, 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)

Jeanette Jordan
(REGISTERED AGENT MUST SIGN)

DATE 02-22-07

**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

LocalOne Operating, LLC

1227 West Magnolia Ave.
Suite 300

Fort Worth, TX 76104-
4400

Pending
700089977967
03/01/07--01048--001 **2008.75

REINSTATEMENT 2004-2008

700089977967
03/01/07--01048--002 **52.50

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 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 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

James L. Anderson

DATE 2-23-07

Typed or Printed Name of General Partner Signing Form

James L. Anderson, President of Manager of General Partner

Telephone Number 817.920.7599