_	2003 UNIFORM
	DOCUMENT # 1. Entity Name LOCALONE TV, L.P.
	Principal Place of Business 8828 NORTH STEMMONS FREE DALLAS TX 75247
[2. Principal Place of Business

B0200000034



FILEU SECRETARY OF STATE DIVISION OF CORPORATIONS

03 JUN 26 AM 9: 47

Principal Place of Business 8828 NORTH STEMMONS FREEWAY. SUITE 106 DALLAS TX 75247 2. Principal Place of Business 5201 N. 0 Conno Blvd.	E 106						
Suite, Apt. #, etc.	Connor	20.001	DUE BY MAY 1, 2003				
Suite SDO City & State Truing Texas	Turas		4. FEI Number 2999 2/5			Applied For	
Zip Country US A	75039	Country		5. Certificate of	of Status Desired	\$8.75 Fee Re	Additional
6. Name and Address of Current		1		7 Name and A	Address of New Registered		
. Hume and Address of Current	Tograceroa Agent	Nam		mante and /		- Ageill	
C T CORPORATION SYSTEM		'Year'	·~ -				
1200 SOUTH-PINE ISLAND ROAD		Stree	et-Address (P.O. Box Number	is Not Acceptable)		
1			`				
PLANTATION FL 33324							
		City			F	Zip	Code
the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable DATE 9. Capital Contributions 10. Amount of Capital Contributions 11. MAKE CHECK PAYABLE TO FL, DEPT.							
9. Capital Contributions \$5,000.00 as Shown on record.			5.000	SEE REVERSE SIDE FOR FEE INFORMATION			
A GENERAL PARTNER T NOTE: General Partners MA	HAT IS A BUSINESS EN Y NOT be changed on t	ITITY MUST E he form; an a	E REGIST	ERED AND A	TIVE WITH THIS OFFIC	CE. artner.	
12. GENERAL PARTNER		13.	ADDRESS CHANGES ONLY				
DOCUMENT # F0200000677 NAME RODRIGUEZ OPERATING, INC. STREET ADDRESS 8828 NORTH STEMMONS FREEWAY, SUITE 106 DALLAS TX 75247			ss _52	201 X.	D'connor Blu	d. So	11tz 600
			I	uinh, T	exas 75039	·	
DOCUMENT # NAME		STREET ADDRE	SS				
STREET ADDRESS CITY-ST-ZIP		CITY-ST-ZIP		60 06/26/	/0 021155 /0301030009	296 **1	41.25
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DOCUMENT # NAME		STREET ADDRE	ss				
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

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE:

STAPLE CHECK HERE

DOCUMENT #

CITY-ST-ZIP DOCUMENT #

CITY-ST-ZIP

NAME STREET ADDRESS

NAME STREET ADDRESS