FILE ON OR BEFORE APRIL 9, 1997 TO AVOID REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP **ANNUAL REPORT** 1997



FLORIDA DEPARTMENT OF STATE Sandra Mortham

Secretary of State **DIVISION OF CORPORATIONS**

1. Name of Limited Partnership

DOCUMENT # B9300000025

FIRST MEDIA, L. P. LIMITED PARTNERSHIP

FILED

97 APR 30 PM 12: 55

SECRETARIA STATE TALLAHASSEE, FLORIDA



Mailing Address 10220 RIVER ROAD SUITE-304 POTOMAO MD-20054 2. Mailing Address 11400 Skipwith Lane Suite, Apt. #, etc.	Principal Office Address 1209 ORANGE ST. WILMINGTON DE 19901 28. Principal Office Address Suite, Apt. #, etc.			3. Date Formed or Registered 01/07/1993 3a. Date of Last Report 01/02/1996 4. State or Country of Formation DE 5. Amount of Capital Contributions in FLORIDA to date: \$0.00 6. FEL Number 52-1822818			
City & State	City & State			52-1822618 7. Certificate of Status Desired	Not Applicable		
Potomac, MD Zip Country	Zip	Zip Country		. Certificate of Status Desired	\$8.75 Additional Fee Required		
20854-1639 USA	JSA			8. Make check payable to: Dept. of State (See reverse side for fee information)			
A Name and Address of Curre	nt Davistered Agent			10 If channed new Beginters	Anani/Office		
9. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1311 EXECUTIVE CENTER DR. SUITE 200			10. If changed, new Registered Agent/Office				
			Street Address (P.O. Box Number Is Not Acceptable)				
THE PROPERTY OF THE PROPERTY O		City			FL	Zip Code	
the purpose of changing its registered office or registered and familiar with, and accept the obligations of sets SIGNATURE (Registered Agent Accepting Appointment)	Ction 620.192, Florida Statutes.	LIMITED	PART	DATE NERSHIP OR OTHE		and the same of th	
	Address of Each Gene	10.4		· · · · · · · · · · · · · · · · · · ·		Registration/	
11. Name(s) of General Partner(s)	11a. (Do NOT Use Post Office E	ox Numbers)	11b.	City, State & Zip Code	11c.	Document Number	
FIRST MEDIA CORPORATION	10220 RIVER RD., SUIT		POTOMAC MD 20854		P12877 1 700788 29701110002		
500.00 53.50 10.60			isi	8000021 -05/07/ ****65 'ATEMENT_	į.	788 110002 ****656.25	
				1.1877.			
Note: General partners MAY NO	T be changed on this for	m; an am	endme	nt must be filed to ch	ange a g	eneral partner.	
12. I do hereby certify that the information supplied with		ot qualify for the	exemption s	tated in Section 119.07(3)(k), Florida 8	tatutes. I relea	se the Division of	

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