FILE ON OR BEFORE DECEMBER 31, 1996 OR PARTNERSHIP WILL BE SUBJECT TO 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#

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	B9500000160						
ELESAT ACQUISITION LIMI							
	N P P 1 P 1 P 1 P 1 P 1 P 1 P 1 P 1 P 1			p1/6	 -		
Mailing Address Principal Office Address			3. Date Formed or Registered		58. Capital Contributions as Shown on record.		
5 WEST THIRD STREET COUDERSPORT PA 16915				05/03/1995 3a. Date of Last Report	\$50,000.00		
				10/17/1995	5b. Amount of Capital Contributions in FLORIDA to date: 24,197		
2. Mailing Address	2a. Puncipal Office Address 2020 W. HIGHWAY 44			4. Stale or Country of Formation			
Suite, Apt #, etc.	Suite. Apt. #, etc.			6. FE! Number		Applied For	
City & State	City & State INVERVESS FL			7. Certificate of Status Desired		Not Applicable \$8.75 Additional	
Zip Country	^{Zip} 34453	Country		8. Make check payable to: Dept. o		Fee Required	
9. Name and Address of Curr	Name	10. If changed, new Registered Agent/Office					
THE PRENTICE-HALL CORPORATION	SYSTEM, INC.		aco (P.O. P.	ox Number is Not Acceptable)			
1201 HAYS STREET, SUITE 105 TALLAHASSEE FL 32301				ox Norticer is Not Acceptable)			
IALLAHASSEE PL 32301		Suite, Apt #, etc.					
		City	City			Zip Code	
10a. Pursuant to the provisions of sections 620 1053 for the purpose of changing its registered office agent. Lam familiar with, and accept the obliga SIGNATURE (Registered Agent Accepting Appointment) A GENERAL PARTNER THA	or registered agent, or both, in the Stations of section 620, 192, Florida Statute	te of Florida, Such char es DN, LIMITED	PART	horized by its general partner(s). I her	eby accept the	appointment of régistere	
11. Name(s) of General Partner(s)	11a. Address of Each		11b.	City, State & Zip Code	11c.	Registration/ Document Number	
OLYMPUS COMMUNICATIONS, L.P. 5 WEST THIR		TREET	C	Dudersport PA 16915	A29351		
,				700002 -01/01 *****3	7/970	357 1071004 ****308.13	
Note: General partners MAY N 12. To heroby certify that the information supplied w						····-	

12.	I do heraby certly that the information supplied with this filing is voluntarily furnished and does not qualfy for the exemption stated in Section 119.07(3)(k), Florida Statutes T release the Division of
	Corporations from any leat-sity of non-compliance with Section 119 07(3)(k) 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 flue 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 truste
•	empowered to execute this report as required by of anter 620. Horida Statutes

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SIGNATURE PARINER OF OLMFUS
Typed or Printed Name of General Partner Signing Form COMUNICATIONS, I.P. THE GENERAL PARINER Daytime Telephone Number

12/19/96

814-274-9830