DOCUMENT # B9500000160					Antico o
TELÉSAT ACQUISITION LIMITED PARTNERSHIP FILED					
Principal Place of Business Mailing Address 1 NORTH MAIN STREET 4305 VINELAND ROAD COUDERSPORT PA 16915 ORLANDO FL 32811				0/1 Sec Tall	FEB -7 PM 12: 23 RETARY OF STATE AHASSEE FLOOR
2. Principal Place of Business 3. Mailing Address 1 North Main St			reet	<u>t</u>	
Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State					DO NOT WRITE IN THIS SPACE
		Coudersport PA			4. FEI Number 25-1767254 Applied For Not Applicable
Zip 	Country	^{Zip} 16915	Coun	T	5. Certificate of Status Desired \$8.75 Additional Fee Required
Name and Address of Current Registered Agent				Name	7. Name and Address of New Registered Agent
THE PRENTICE-HALL CORPORATION SYSTEM, INC. 1201 HAYS STREET, SUITE 105 TALLAHASSEE FL 32301				Street Address	s (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. StGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Capital Contributions 10. Amount of Capital Contributions 11. MAKE CHECK PAYABLE TO DEPT. OF STATE					
as Shown on record. \$50,000.00 in FLORIDA to date. \$26,702.00 SEE REVERSE SIDE FOR FEE INFORMATION A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.					
	NOTE: General Partners MA	Y NOT be changed on th	e form		ent must be filed to change a general partner.
DOCUMENT #	GENERAL PARTNER INFORMATION A29351 OLYMPUS COMMUNICATIONS, L.P. 1 NORTH MAIN STREET COUDERSPORT PA 16915		13.	EET ADORESS	ADDRESS CHANGES ONLY
NAME STREET ADDRESS CITY-ST-ZIP				'-ST-ZIP	
DOCUMENT # NAME			STRE	EET ADDRESS	7000036760778 02/13/01-01026013
STREET ADDRESS CITY-ST-ZIP	IP		CITY-	'-ST-ZIP	****275.65 ****275.65
DOCUMENT # NAME STREET ADDRESS	AE 5			EET ADDRESS }	
CITY-ST-ZIP DOCUMENT #			CITY	'-ST-ZIP	
NAME STREET ADDRESS		•	l	EET ADDRESS	· · · · · · · · · · · · · · · · · · ·
CITY-ST-ZIP	·		 	-ST-ZIP	
NAME Street Address			l	-ST-ZIP	
CITY-ST-ZIP DOCUMENT # NAME			STRE	EET ADDRESS	
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 SIGNATURE: Randall d. Fisher 02/01/01 (814) 274–9830					

(814) 274-9830

Daytime Phone #