## **2003 LIMITED PARTNERSHIP**

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DOCUMENT # B9500000160  1. Entity Name TELESAT ACQUISITION LIMITED PARTNERSHIP							FILED SECRETARY OF S DIVISION OF CORPOR	TATE ATIONS	M , 19	
Principal Place of Business 1 NORTH MAIN STREET COUDERSPORT PA 16915			Mailing Address 1 NORTH MAIN STREET COUDERSPORT PA 16915			we -	O3 JAN 30 AM (C			
2. Principal	Place of Business		3. Mailing Address							
Suite, Apt. #, etc.			Suite, Apt. #, etc.				DUE BY MAY 1, 2003			
City & State			City & State				4. FEI Number 25-1767254		Applied For Not Applicable	
Zip		ountry	Zip		Country		5. Certificate of Status Desired		8.75 Additional ee Required	
	6. Name and	Address of Current I	Registered Age	ent	Name		7. Name and Address of New I	Registered Ag	ent	
CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD					•	Address (I	ddress (P.O. Box Number is Not Acceptable)			
PLANTATION FL 33324										
					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. 1 am familiar with, and accept the obligations of registered agent.										
_	•	agent.								
SIGNATURE Signature, typed or printed name of registered agent and title if applicable.						-	- 1- 1- 1- 1- 1- 1- 1- 1- 1- 1- 1- 1- 1-	DATE		
9. Capital Contributions as Shown on record. \$50,000.00 in FLORIDA to date					e	\$0.0	O SEE REVER	SE SIDE FOR I	) FL. DEPT. OF STATE FEE INFORMATION	
· · · · · · · · · · · · · · · · · · ·	NOTE: Ge	ERAL PARTNER TI neral Partners MA	HAT IS A BUS Y NOT be cha	SINESS ENT anged on the	ITY MUST BE form; an ame	REGIST endment	ERED AND ACTIVE WITH TH t must be filed to change a g	IS OFFICE. eneral partn	er.	
12. GENERAL PARTNER INFORMATION  DOCUMENT # A29351					13.		ADDRESS CH	ANGES ONLY		
NAME STREET ADDRESS	OLYMPUS COI 1 NORTH MAIN		P.		STREET ADDRESS					
CITY-ST-ZIP	COUDERSPOR	T PA 16915			CITY-ST-ZIP					
DOCUMENT # NAME STREET ADDRESS					STREET ADDRESS		,			
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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

PO FESCUSTRANDALL D. FISHER 1/34/03 SIGNATURE: KSLIGA (814) 274 9830