
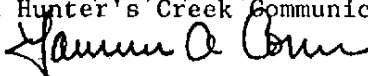


FILE ON OR BEFORE DECEMBER 31, 1997 OR PARTNERSHIP WILL BE SUBJECT  
TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP ANNUAL REPORT 1998		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
1. Name of Limited Partnership <b>WESTBROOK HUNTER'S CREEK COMMUNICATIONS, L.P.</b>		1a. DOCUMENT # <b>B97000000408</b>	
Mailing Address <b>599 LEXINGTON AVE., SUITE 3800 NEW YORK NY 10022</b>		Principal Office Address <b>599 LEXINGTON AVE., SUITE 3800 NEW YORK NY 10022</b>	
2. Mailing Address Suite, Apt. #, etc. City & State Zip Country		2a. Principal Office Address 599 Lexington Avenue Suite 3800 City & State New York, NY Zip Country 10022 USA	
		3. Date Formed or Registered <b>08/11/1997</b>	
		3a. Date of Last Report <b>N/A</b>	
		4. State or Country of Formation <b>DE</b>	
		5a. Capital Contributions as Shown on record. <b>\$500,000.00</b>	
		5b. Amount of Capital Contributions in FLORIDA to date: <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
		6. FEI Number <b>13-3960096</b>	
		7. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
		8. Make check payable to: Dept. of State (See reverse side for fee information)	
9. Name and Address of Current Registered Agent <b>C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324</b>		10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City <b>FL</b> Zip Code	
10a. Pursuant to the provisions of sections 620.1061 and 620.192, Florida Statutes, the above named limited partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes.			
SIGNATURE (Registered Agent Accepting Appointment) _____ DATE _____			
<b>A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b>			
11. Name(s) of General Partner(s)	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)	11b. City, State & Zip Code	11c. Registration/Document Number
<b>WESTBROOK HUNTER'S CREEK COM</b>	<b>599 LEXINGTON AVE, SU</b>	<b>NEW YORK NY 10022</b>	<b>M97000000498</b>
<b>7000002402287--6 -01/15/98--01114--010 ****541.25 ****541.25</b>			
<b>Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.</b>			
12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k) Florida Statutes. I release the Division of Corporations from any liability 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 true 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 trustee empowered to execute this report as required by chapter 620, Florida Statutes.			
By: <b>Westbrook Hunter's Creek Communications GP, L.L.C., General Partner</b>			
SIGNATURE 		DATE <b>12/30/97</b>	
Typed or Printed Name of General Partner Signing Form <b>Lawrence A. Corson, Vice Pres.</b>		Daytime Telephone Number <b>972-934-0100</b>	

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

97 DEC 31 AM 9:31



CR2E003 (6/97)