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2001	UNIFORM	BUSINESS	REPORT	(UBR

DOCUME 1. Entity Name	NT,# ~ B9700	0000408	<u>.</u>			
WESTBROOK HUNTER'S CREEK COMMUNICATIONS, L.P.				FILED ~		
Principal Place of Business Mailing Address				01 APR -4 AM 10-46		
599 LEXINGTON AVE. SUITE 3800 NEW YORK NY 10022		3030 LBJ FREEWAY LB-6. SUITE 1500 DALLAS TX 75234		SECRETARY OF STATE: TALLAHASSEE, FLORIDA		
2. Principal Place of Business 3. Mailing Addr		3. Mailing Address		I LEBNIES IEIU IENIS IODNI DENIS BENSI DENIS EDISI DOSIN EDISI DIBLIS BENGI RESI LEBN		
Suite, Apt. #, etc.		Suite, Apt. #, etc.	· · · · · · · · · · · · · · · · · ·	DO NOT WRITE IN THIS SPACE		
City & State		City & State		4. FEI Number Applied For Not Applied For		
Zip	Country	Zip	Country	5. Certificate of Status Desired S8.75 Additional Fee Required		
6.	Name and Address of Current	Registered Agent	Namo	7. Name and Address of New Registered Agent		
C T CORPORATI	ON SYSTEM			Name		
1200 SOUTH PIN	IE ISLAND ROAD		Street Address	Street Address (P.O. Box Number is Not Acceptable)		
PLANTATION FL	33324		- Cit	— 17.0.4		
			City	FL Zip Code		
8. The above named	d entity submits this statement fo	r the purpose of changing its	registered office or regist	tered agent, or both, in the State of Florida.		
SIGNATURE Signatur	e, typed or printed name of registered agent	and title if applicable. (NOT	E: Registered Agent signature requi	red when reinstating) DATE		
9. Capital Contributi as Shown on reco		10. Amount of Capit		. 32 11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION		
	A GENERAL PARTNER.	HAT IS A BUSINESS, EN	ITITY MUST BE REGIS	STERED AND ACTIVE WITH THIS OFFICE.		
12.	GENERAL PARTNER		13.	ent must be filed to change a general partner. ADDRESS CHANGES ONLY		
DOCUMENT # M9700000498 NAME WESTBROOK HUNTER'S CREEK COMM. GP, LL.C.		STREET ADDRESS	3000 04008753 5 -04/13/0101093001			
STREET ADDRESS 599 L	EXINGTON AVE, SUITE 3800 YORK NY 10022		CITY-ST-ZIP	****404.80 ****404.80		
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CITY-ST-ZIP DOCUMENT / NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT / NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT / NAME STREET ADDRESS CITY-ST-ZIP 14. I hereby certify the indicated on this the receiver or tree. By: West!	report is true and accurate and isstee empowered to execute this prook Hunter's Creameral Partner Ceneral Partner Superior Constitute and Typed OR	that my signature shall have to s report as required by Chapt eek Communication	STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP The exemption stated in Sthe same legal effect as if the feed, Florida Statutes Ons GP, L.L.C.	, a DE limited liability company 2/15/01 972-443-6000		