## FILE NOW: Fee after May 1, will be \$588.75

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LIMIT	ED LIABILITY COMPANY ANNUAL REPORT 1997	Sand Sed	Ira B. Me cretary of	State		स्टास स	z.a	
					J FILED			
\$ 203.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE					97	7 FEB 10	.AM ⊗: 1. <del>Q</del>	
1. Name and Mailing Address of Limited Liability Company DOCUMENT #M96000000231					SECRETARY OF STATE			
ASSOCIATED COMMUNICATIONS, L.L.C.					1a. Principal Place of Business Address			
200 GATEWAY TOWERS PITTSBURGH PA 15222				200 GATEWAY TOWERS PITTSBURGH PA 15222				
If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a.								
2. Princ	pat Place of Business 2	a. Mailing Address	iling Address			3. Date Organized or Qualified 3a. State of Formation		
Suite, A	pt. #, etc. Se	uite, Apt. #, etc.	, Apt. #, etc.			06/27/1996 DE		
City & S	tate C	ity & State			Applied For			
		ony a onno			51-0372726 5. Date of Last Report		Not Applicable  6. Certificate of Status Desired	
Žip	Country Zi	ip	Count	y .	J. Date of Last	Персп	SB z As I horal Fee Reguled	
	7. Name and Address of Current Regi	Istered Agent			8. Name and Add	dress of New Re	gistered Agent	
9. Pursits regist as regis	URE	08.508, Florida Statu e of Florida. Such cha	inge was a	Suite, Apt. #, etc City cove-named limited uthorized by affirms	d liability company s ative vote of a majori	00021 -02/12/ ****26 <b>FL</b>	79701027002	
10. Title	Managing Members/Managers		Busine	ss Street Address		City,	State and Zip Code	
MGR MGR	MICROWAVE SERVICES, IN FIFTH AVENU DIGITAL SERVICES COR, CLARENDON I			E NEW YORK NY LVD., SUITE 800 ARLINGTON VA			K NY	
MGR	BERKMAN, DAVID J 200 GATEWAY 1			TOWERS	3	ITTSBUE	RGH PA	
MGR	BERKMAN, WILLIAM H	200 GA	reway	TOWERS	]	  ITTSBUE	RGH PA	
MGR	SINGH, RAJENDRA DR.	200 GA:	reway	TOWERS	]	 PITTSBUF	RGH PA	
MCR	Berkman, Myles P	200 Gatewa	ay Towe	rs	Pittsburgh PA		PA	
11. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3) (i), Florida Statutes. If urther certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the received of this seport as required by Chapter 608, Florida Statutes; and that my name appears in Block 10, or on an attachment with an address.								
SIG	NATURE:		Myles	P. Berkman		4	12/ <b>281-1</b> 90 <b>7</b>	
	SIG VATURE AND TYPED OF P	PRINTED NAME OF SIGNING	MANAGING N	MEMBER OR MANAGER		Date	Daytime Phone #	