File on or before May 1, 1999 or Limited Liability Company will be subject to a $ 400.00 LATE FEE.
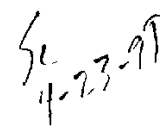
LIMITED LIABILITY COMPANY ANNUAL REPORT **1999**	FLORIDA DEPARTMENT OF STATE **Katherine Harris** Secretary of State DIVISION OF CORPORATIONS

FILING FEE $ 188.75	Annual Report $100.00 + $88.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE

1. Name and Mailing Address of Limited Liability Company   **DOCUMENT #** M98000001609

RTP CLOSE CAPTION, L.L.C.
10402 E. PRENTICE AVENUE
ENGLEWOOD CO 80111

1a. Principal Place of Business Address

10402 E. PRENTICE AVENUE
ENGLEWOOD CO 80111

2. Principal Place of Business	2a. Mailing Address	3. Date Organized or Qualified	3a. State of Formation
7935 E. Prentice Ave.	7935 E. Prentice Ave.	‡2/29/1998	CO
Suite, Apt. #, etc. Suite 301	Suite, Apt. #, etc. Suite 301	4. FEI Number	☑ Applied For ☐ Not Applicable
City & State Englewood, CO	City & State Englewood, CO	5. Date of Last Report	6. Certificate of Status Desired
Zip 80111	Country USA	Zip 80111	Country USA		$8.75 Additional Fee Required ☐

7. Name and Address of Current Registered Agent	8. Name and Address of New Registered Agent/Office
CORPORATION SERVICE , COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301	Name Street Address (P.O. Box Number Is Not Acceptable) Suite, Apt. #, etc. City Zip Code **FL**

9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company 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 affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations

SIGNATURE _____   DATE _____
(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature is required when reinstating)

10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGR	POLUMBUS, R.T.	10402 E. PRENTICE AVENUE 7935 E. Prentice Ave. #301	ENGLEWOOD CO Englewood, CO 80111

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. I further 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 receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes, and that my name appears in Block 10, or on an attachment with an address.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER