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SECRETARY OF THE SENATE
 03 AUG 13 AM 11:35

LOBBYING REPORT

Lobbying Disclosure Act of 1995 (Section 5) - All Filers Are Required To Complete This Pa

1. Registrant Name			
Holland & Knight LLP			
2. Address <input type="checkbox"/> Check if different than previously reported			
2099 Pennsylvania Ave., NW, Suite 100			
3. Principal Place of Business (if different from line 2)			
City: Washington		State/Zip (or Country) DC 20006	
4. Contact Name	Telephone	E-mail (optional)	5.
Marianne Poss	(202)828-5011	mposs@hklaw.com	184
7. Client Name <input type="checkbox"/> Self			6.
Hubbard Broadcasting, Inc.			308

TYPE OF REPORT 8. Year 2003 Midyear (January 1- June 30) OR Year End (July

9. Check if this filing amends a previously filed version of this report

10. Check if this is a Termination Report => Termination Date _____ 11. No I

INCOME OR EXPENSES - Complete Either Line 12 OR Line 13

<p align="center">12. Lobbying Firms</p> <p>INCOME relating to lobbying activities for this reporting period was:</p> <p>Less than \$10,000 <input type="checkbox"/></p> <p>\$10,000 or more <input checked="" type="checkbox"/> => \$ <u>20,000</u> <small>Income (nearest \$20,000)</small></p> <p>Provide a good faith estimate, rounded to the nearest \$20,000, of all lobbying related income from the client (including all payments to the registrant by any other entity for lobbying activities on behalf of the client).</p>	<p align="center">13. Organization</p> <p>EXPENSES relating to lobbying activities for this reporting period were:</p> <p>Less than \$10,000 <input type="checkbox"/></p> <p>\$10,000 or more <input type="checkbox"/> => \$ _____ <small>Expense (nearest \$20,000)</small></p> <p>14. REPORTING METHOD. Check box for reporting method. See instructions for details.</p> <p><input type="checkbox"/> Method A. Reporting amounts using the Internal Revenue Code</p> <p><input type="checkbox"/> Method B. Reporting amounts using the Internal Revenue Code</p> <p><input type="checkbox"/> Method C. Reporting amounts using the Internal Revenue Code</p>
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Signature _____

Printed Name and Title Marianne Poss. Executive Assistant

Registrant Name Holland & Knight LLP Client Name Hubbard Broadcasting, Inc.

LOBBYING ACTIVITY. Select as many codes as necessary to reflect the general issue areas in which the engaged in lobbying on behalf of the client during the reporting period. **Using a separate page for each** information as requested. Attach additional page(s) as needed.

15. General issue area code COM (one per page)

16. Specific lobbying issues

Issues affecting the telecommunication industry and maritime issues.

17. House(s) of Congress and Federal agencies contacted Check if None

The House of Representatives, The Senate, FCC, and the Coast Guard

18. Name of each individual who acted as a lobbyist in this issue area

Name	Covered Official Position (if applicable)
Gerry E. Sikorski, Partner	
Marvin Rosenberg, Partner	
Dennis Bryant, Attorney	

19. Interest of each foreign entity in the specific issues listed on line 16 above Check if None

Signature *Marianne Poss* Date 8/18

Printed Name and Title Marianne Poss, Executive Assistant

Registrant Name Holland & Knight LLP Client Name Hubbard Broadcasting, Inc.

LOBBYING ACTIVITY. Select as many codes as necessary to reflect the general issue areas in which the registrant is engaged in lobbying on behalf of the client during the reporting period. **Using a separate page for each code** information as requested. Attach additional page(s) as needed.

15. General issue area code MAR (one per page)

16. Specific lobbying issues

Issues affecting the telecommunication industry and maritime issues.

17. House(s) of Congress and Federal agencies contacted Check if None

The House of Representatives, The Senate, and the Coast Guard

18. Name of each individual who acted as a lobbyist in this issue area

Name	Covered Official Position (if applicable)
Gerry E. Sikorski, Partner	
Marvin Rosenberg, Partner	
Dennis Bryant, Attorney	

19. Interest of each foreign entity in the specific issues listed on line 16 above Check if None

Signature Marianne Poss Date 2/8

Printed Name and Title Marianne Poss, Executive Assistant

