

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 # L94000000017			
SUSAN BENNETT MARKETING AND MEDIA, L.C. 3949 EVANS AVE #402 FT MYERS FL 33901		1a. Principal Place of Business Address 3949 EVANS AVE #402 FT MYERS FL 33901			
2. Principal Place of Business		2a. Mailing Address		3. Date Organized or Qualified	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01/01/1994	
City & State		City & State		4. FEI Number	
Zip		Zip		65-0418362	
Country		Country		5. Date of Last Report	
				03/02/1998	
7. Name and Address of Current Registered Agent		8. Name and Address of New Registered Agent/Office			
BENNETT, SUSAN 1920 VIRGINIA AVENUE #1303 FORT MYERS FL 33901		Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City FL Zip Code			
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 _____	
(Required Agent Accepting Appointment) (If Not, Registered Agent separates and signs with name and group)					
10. Title	Managing Members/Managers	Business Street Address		City, State and Zip Code	
MGR	BENNETT, SUSAN	1920 VIRGINIA AVE., #1303		FORT MYERS FL	
MGR	BENNETT, PHILIP C	1920 VIRGINIA AVE., #1303		FORT MYERS FL	
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: <u>Susan Bennett, SUSAN BENNETT</u>		2/28/99 (941) 277-5255			