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

FITFD FLORIDA DEPARTMENT OF STATE LIMITED LIABILITY COMPANY Sandra B. Mortham ANNUAL REPORT Secretary of State 1997 97 APR 28 AM 9: 14 DIVISION OF CORPORATIONS Annual Report \$100.00 + \$103.75 Corporation Supplemental Fee **FILING FEE** SECRETARY OF STATE TALLAHASSEE, FLORIDA Make Check Payable To: FLORIDA DEPARTMENT OF STATE \$ 203.75 Name and Mailing Address of Limited Liability Company **DOCUMENT** #L9500000155 1a. Principal Place of Business Address GULF ATLANTIC DRILLING, L.C. 5785 SW 6TH PL #101 5785 SW 6TH PL #101 OCALA FL 34474-9320 DCALA FL 34474 If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a 2 Principal Place of Business 2a. Malling Address 3. Date Organized or Qualified | 3a. State of Formation D2/03/1995 FЬ Suite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State 65-0554587 Not Applicable 5. Date of Last Report 8. Certificate of Status Desired Country Country Ζiρ Sh 75 Additional Fee Required D2/26/1996 7. Name and Address of Current Registered Agent 8. Name and Address of New Registered Agent T CORPORATION SYSTEM 1200 S PINE ISLAND ROAD Street Address (P.O. Box Number is Not Acceptable) PLANTATION FL 33324 Sulte, Apt. #, etc. 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 (Registered Agent Accepting Appointment) (NOTE Registered Agent signature required when reinstating) City, State and Zip Code 10. Title Managing Members/Managers **Business Street Address** MGRM THE WILLAIM R. ROBIN, 457 N HARRISON ST PRINCETON NJ MGRM MAGAZINE FUNDING, INC. 457 N HARRISON ST PRINCETON NJ 000002162470--5 -05/01/97--01106--012 ****203.75 ****203.75 11. Ido hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3) (i), Florida Statutes. Hurther 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