


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

LIMITED LIABILITY COMPANY ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	---

FILED # 203.75
 97 JAN 30 AM 8:26

FILING FEE	Annual Report \$100.00 + \$103.75 Corporation Supplemental Fee
\$ 203.75	Make Check Payable To: FLORIDA DEPARTMENT OF STATE

1. Name and Mailing Address of Limited Liability Company

DOCUMENT #L95000000180

FLORIDA'S NEWS CHANNEL L.C.
 3992 BOBBIN BROOK CIRCLE
 TALLAHASSEE FL 32312

If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1a. Principal Place of Business Address

3992 BOBBIN BROOK CIRCLE
TALLAHASSEE FL 32312

2. Principal Place of Business		2a. Mailing Address		3. Date Organized or Qualified	3a. State of Formation
Suite, Apt. #, etc.		Suite, Apt. #, etc.		03/07/1995	FL
City & State		City & State		4. FEI Number	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
Zip		Country		59-3299167	
Zip		Country		5. Date of Last Report	6. Certificate of Status Desired
				03/13/1996	<input type="checkbox"/> \$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent		8. Name and Address of New Registered Agent	
JOHNSON, LORAN A 215 NORTH EOLA DRIVE ORLANDO FL 32801		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		Suite, Apt. #, etc.	
		City	Zip Code
		FL	

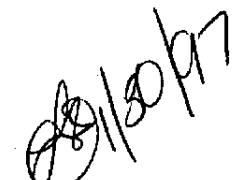
9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.

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

10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGR	VASILINDA, MICHAEL D	3992 BOBBIN BROOK CIR.	TALLAHASSEE FL
MGR	BRILLANTE, ROBERT J	3992 BOBBIN BROOK CIR.	TALLAHASSEE FL

Remove

700002076397--0
 -02/04/97--01010--017
 ****203.75 ****203.75



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:  DATE: 1/27/97 DAYTIME PHONE #: 984/893-8649

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