
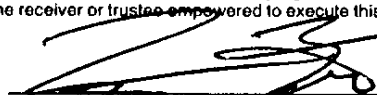


File on or before May 1, 1998 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

LIMITED LIABILITY COMPANY ANNUAL REPORT 1998		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS		FILED 98 MAR -2 AM 9:02 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
FILED FEE \$ 188.75 Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE					
Name and Mailing Address of Limited Liability Company DOCUMENT # L95000000180 FLORIDA'S NEWS CHANNEL L.C. 3992 BOBBIN BROOK CIRCLE TALLAHASSEE FL 32312			1a. Principal Place of Business Address 3992 BOBBIN BROOK CIRCLE TALLAHASSEE FL 32312		
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country		2a. Mailing Address P.O. Box 12069 Suite, Apt. #, etc. Tallahassee FL Zip Country 32317-2069 US		3. Date Organized or Qualified 03/07/1995 3a. State of Formation FL	
				4. FEI Number 59-3299167 <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
				5. Date of Last Report 01/30/1997 6. Certificate of Status Desired \$8.75 Additional Fee Required <input type="checkbox"/>	
7. Name and Address of Current Registered Agent JOHNSON, LORAN A 215 NORTH EOLA DRIVE ORLANDO FL 32801			8. Name and Address of New Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City 900002446439--9 -03/04/98--01016--022 ***188.75 ***188.75 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 _____ <small>(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)</small>					
10. Title	Managing Members/Managers	Business Street Address		City, State and Zip Code	
MGR	BRILLANTE, ROBERT J	3992 BOBBIN BROOK CIR. 1801 Halstead Blvd.		TALLAHASSEE 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) (l), 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:  2/25/98
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #