


**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 <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS	FILED SECRETARY OF STATE DIVISION OF CORPORATIONS  99 MAR 11 PM 1:10
<b>FILING FEE \$ 188.75</b>		<b>Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee</b> <b>Make Check Payable To: FLORIDA DEPARTMENT OF STATE</b>	
<b>1. Name and Mailing Address of Limited Liability Company</b> <b>DOCUMENT # L95000000180</b>  FLORIDA'S NEWS CHANNEL L.C. PO BOX 12069 TALLAHASSEE FL 32317-2069		<b>1a. Principal Place of Business Address</b>  PO BOX 12069 TALLAHASSEE FL 32317	
<b>2. Principal Place of Business</b> Suite, Apt. #, etc. City & State. Zip                      Country		<b>2a. Mailing Address</b> Suite, Apt. #, etc. City & State Zip                      Country	
<b>3. Date Organized or Qualified</b> 03/07/1995		<b>3a. State of Formation</b> FL	
<b>4. FEI Number</b> 59-3299167		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
<b>5. Date of Last Report</b> 03/02/1998		<b>6. Certificate of Status Desired</b> <input type="checkbox"/> \$875 Additional Fee Required	
<b>7. Name and Address of Current Registered Agent</b>  JOHNSON, LORAN A 215 NORTH EOLA DRIVE ORLANDO FL 32801		<b>8. Name and Address of New Registered Agent/Office</b> Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City Zip Code	
		400002806004-0 -03/15/99--01103--005 ****188.75 ****188.75 <b>FL</b>	
<b>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.</b>			
SIGNATURE _____		DATE _____	
(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when filing)			
<b>10. Title</b>	<b>Managing Members/Managers</b>	<b>Business Street Address</b>	<b>City, State and Zip Code</b>
MGR	BRILLANTE, ROBERT J	1801 HALSTEAD BLVD.	TALLAHASSEE FL
<b>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.</b>			
SIGNATURE: <i>Paul J. Cannon</i>		<i>Robert J. Brillante</i> 2/10/99      894-5200	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGER, MEMBER OR MANAGER      Date      Page #			