File on or before May 1, 1999 or Limited Liability Company will be FIL.ED subject to a \$ 400.00 LATE FEE 99 MAR 26 AN 10: 00 FLORIDA DEPARTMENT OF STATE LIMITED LIABILITY COMPANY A **Katherine Harris** ANNUAL REPORT Secretary of State 1999 DIVISION OF CORPORATIONS FILING FEE 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 # 196000000525** 1a. Principal Place of Business Address CIVINS HILLER MULTIMEDIA, LLC 1001 WEST CYPRESS CREEK RD., SUITE 114 1001 WEST CYPRESS CREEK RD., FT. LAUDERDALE FL 33309 FT. LAUDERDALE FL 33309 3. Date Organized or Qualified 3a. State of Formation 2a. Mailino Address 2. Principal Place of Business 05/10/1996 FI. Suite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number Applied For 65-0664317 City & State City & State Not Applicable 5. Date of Last Report 6. Certificate of Status Desired Country Zφ Country Zφ \$8.75 Additional Fee Required 08/13/1998 8. Name and Address of New Registered Agent/Office 7. Name and Address of Current Registered Agent Name CIVINS, GARY I 1001 WEST CYPRESS CREEK ROAD Street Address (P.O. Box Number is Not Acceptable) FT. LAUDERDALE FL 33309 Suite, Apt. #, etc. Zip Code City 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. Thereby accept the appointment as registered agent, and accept the obligations. DATE _____ SIGNATURE _ (Registered Agent Accepting Appointment). (NOTE: Registered Agent signature required when reinstaling) City, State and Zip Code **Business Street Address** 10. Title Managing Members/Managers 1001 W. CYPRESS CREEK RD. FT. LAUDERDALE FL MGRM CIVINS, GARY I 1001 W. CYPRESS CREEK RD. FT. LAUDERDALE FL HILLER, ANATOL MGRM 9d0002831469--- 9 -04/06/39---01092---004 ****188.75 ****188.75

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 three 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.

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

SIGNATURE:

SIGNATURE AND TYPED OF PANTED NAME OF SIGNING MANAGERS MEMBER OR MANAGER

3-23-99

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