File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE FILE - URS/10 FLORIDA DEPARTMENT OF STATE LIMITED LIABILITY COMPANY Katherine Harris ANNUAL REPORT Secretary of State 99 MAY -3 AH 10: 26 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 # L9700000666 EUROPEAN ENTERTAINMENT GROUP, L.C. 1a. Principal Place of Business Address 4163 LOS ALTOS COURT 4163 LOS ALTOS COURT NAPLES FL 34109 NAPLES FL 34109 3. Date Organized or Qualified 2 Principal Place of Business 2a. Mailing Address 3a. State of Formation 06/18/1997 FLSuite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number Applied For 59-3461731 v & State City & State Not Applicable 5. Date of Last Report 6. Certificate of Status Desired Country Country 05/08/1998 \$8.75 Additional Fee Required 7. Name and Address of Current Registered Agent 8. Name and Address of New Registered Agent/Office HERBERT WORMSER

Street Address (P.O. Box Number Is Not Acceptable)

4163 LOS ALTOS COURT WOLFF, CASEY ESQ C/O PAULICH, SLACK & WOLFF, P.A. 2150 GOODLETTE ROAD, SIXTH FLOOR NAPLES FL 34102 Suite, Apt #, etc 34109 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 obligation DATE 04 - 27 - 99 womise SIGNATURE \_ slepting Appear canb. (MOTE Registeres) Agent signaturate paid a whereas is a sign 10. Title City, State and Zip Code Managing Members/Managers **Business Street Address** MGR WORMSER, HERBERT 4163 LOS ALTOS COURT NAPLES FL -05/12/99--01007--017 \*\*\*\*188 75 \*\*\*\*188.7 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 I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same logal effect as if made under earl; 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 04-27- 99 941-514-120 SIGNATURE:

INHSE10 R (12-98)