


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

APPROVED
AND
FILED

97 APR 28 AM 11:06

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

1. Name and Mailing Address of Limited Liability Company
DOCUMENT # M96000000060

AMERICA'S HEALTH NETWORK, L¹.C.
~~G/O BLUMENTHAL & LYNNE~~
~~488 MADISON AVENUE, 8TH FLOOR~~
~~NEW YORK NY 10022~~

1a. Principal Place of Business Address

~~G/O BLUMENTHAL & LYNNE~~
~~488 MADISON AVENUE, 8TH FLOOR~~
~~NEW YORK NY 10022~~

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

2. Principal Place of Business 2500 UNIVERSAL STUDIOS A Suite, Apt. #, etc.	PLAZA	2a. Mailing Address 2500 UNIVERSAL STUDIOS B Suite, Apt. #, etc.	PLAZA
City & State ORLANDO, FL		City & State ORLANDO, FL	
Zip 32819	Country USA	Zip 32819	Country USA

3. Date Organized or Qualified 02/26/1996	3a. State of Formation DE
4. FEI Number 13-3860754	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Date of Last Report N/A	6. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

UNITED CORPORATE SERVICES, INC.
801 NORTHEAST 167TH STREET ~~SUITE 3~~
NORTH MIAMI BEACH FL 33162

8. Name and Address of New Registered Agent

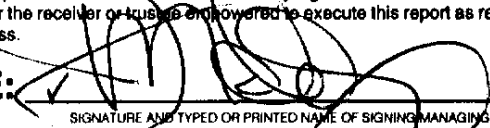
Name
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, etc.
SUITE 300
City
FL
Zip Code

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

10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGR MGR	MADDOX, JOSEPH A JR.	1000 UNIVERSAL STUDIO 2500	ORLANDO FL 32819 900002163239-4 -05/02/97-01057-020 ***203.75 ***203.75 A. Alan 4-28-97

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:  SAME 4/25/97 (407) 224-6800

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #