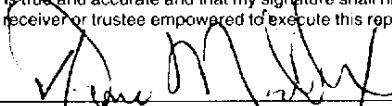


File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

LIMITED LIABILITY COMPANY ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS		FILED 99 MAR 18 AM 10:29 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
FILING FEE \$ 188.75		Annual Report \$100.00 + \$88.75 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, L.C. 2500 UNIVERSAL STUDIOS PLAZA ORLANDO FL 32819-7626		1a. Principal Place of Business Address 2500 UNIVERSAL STUDIOS PLAZA ORLANDO FL 32819-7626			
2. Principal Place of Business		2a. Mailing Address		3. Date Organized or Qualified	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		02/26/1996	
City & State		City & State		3a. State of Formation	
Zip		Country		DE	
				4. FEI Number	
				13-3860754	
				<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
				5. Date of Last Report	
				04/13/1998	
				6. Certificate of Status Desired	
				<input checked="" type="checkbox"/> \$8.75 Additional Fee Required <input type="checkbox"/>	
7. Name and Address of Current Registered Agent			8. Name and Address of New Registered Agent/Office		
UNITED CORPORATE SERVICES, INC. 801 NORTHEAST 167TH STREET SUITE 300 NORTH MIAMI BEACH FL 33162			Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City Zip Code		
			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 reconstituting)</small>					
10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code		
MGR	MADDOX, JOSEPH A JR.	2500 UNIVERSAL STUDIOS PLA	ORLANDO FL 32819-7626		
J 00000281 45.81 - - 01 -03/23/99--01004--023 ***188.75 ***188.75					
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:  JOSEPH A. MADDOX, JR. 3/8/99 (407) 224-6800					
<small>SIGNATURE AND TYPE (OR PRINTED NAME) OF SIGNING MANAGING MEMBER OR MANAGER</small>					