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

| Subject to a \$ 400.00 LATE FEE. | <u></u> | | | | | | | | | | |
|---|-----------------|--|------------|-------------|---|---|--------------|------------------------------------|--|----------------------------|--------------------------|
| LIMITED LIABILITY COMPANY ANNUAL REPORT 1999 | | LORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS | | | | FILED 99 MAR 15 AM 10: 44 | | | | | |
| FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee \$ 188.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE | | | | | | | | | | | |
| 1. Name and Mailing Address of Limited Liability Company DOCUMENT # M9800000545 | | | | | | St.ClairART or bazon. TALLAHASSEE, FLORIDA | | | | | |
| ACME TELEVISION LIC 2101 EAST 4TH STRE SANTA ANA CA 92705 | | | | | 1a. Principal Place of Business Address 2101 EAST 4TH STREET, SUITE SANTA ANA CA 92705 | | | | | | |
| 2. Principal Place of Business | g Address | | | | 3. Date Organized or Qualified 3a. State of | | | | | nation | |
| 3451 BONITA BAY BLVO, | Souite, Apt. # | NE 2. | | | | 06/ | 01/1 | 998 | DE | | |
| Suite 101 | Suite, Apr. # | #, etc. | | | | 4. FEI | Number | | Applied For | | |
| City & State BONITA SPRINKIS, FL | City & State | te | | | | 33-0809022 | | | Not Applicable | | |
| Zip Country 34134 USA | Zip | ip Count | | у | 5. Date of Le | | e of Last Re | eport | 6. Certificate of Status Desi 58 75 Additional Fee Required | | |
| 7. Name and Address of Current | Registered Ag | ent | _) | | | lame an | d Address | of New Regis | tered Ager | 1VOffice | |
| CORPORATION SERVICE, 1201 HAYS STREET TALLAHASSEE FL 32301 9. Pursuant to the provisions of Sections 608.416 a Its registered office or registered agent, or both, in the as registered agent, and accept the obligations. | | orida Statul | | Suite, A | pt #, etc. | liability c | ompany su | | Zip Code | e purpos | |
| SIGNATURE (Registered Agent Accepting App indirect) (#.01): Registered Agent Signature required when re-instanga | | | | | | | , D | ATE | | | |
| 10. Title Managing Members/Managers | | Business Street Address | | | | Ci | | | ty, State and Zip Code | | |
| MGRM ACME TELEVISION, MGRM ACME SUBSIDIARY H | | 2101 : 2101 : | | | | | SUIT | SANTA OOO? 03/23 ****1 | ANA (| CA 500€ 01090 *** | 18 9 5016 **188.75 |
| 11. I do hereby certify that the information supplied wit indicated on this annual report is true and accurate a limited liability company or the receiver or trustee emattachment with an address. | nd that my sign | nature shall | have the s | ame lega | effect as | if made u | inder oath, | lorida Statutes that I am a mae | Hurther cer | tify that I | manager of the |

INHSE10 R (12-98)

SIGNATURE: