File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE. LIMITED LIABILITY COMPANY FLORIDA DEPARTMENT OF STATE Katherine Harris FILED ANNUAL REPORT Secretary of State 1999 DIVISION OF CORPORATIONS 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 TALLAHASSEE, FLORIDA Name and Mailing Address of Limited Liability Company **DOCUMENT # M98000000627** 1a. Principal Place of Business Address ACME TELEVISION OF FLORIDA (DEL.), LLC 2101 EAST 4TH STREET, SUITE 202 2101 EAST 4TH STREET, SANTA ANA CA 92705 SANTA ANA CA 92705 2 Principal Place of Business 2a. Mailing Address 3. Date Organized or Qualified 3a. State of Formation 3451 BONITA BAY BLVD. SAME AS 2. 06/15/1998 DE Suite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number Suite 101 Applied For BONITA SPRINGS, FL 33-0794540 City & State Not Applicable 5. Date of Last Report 6. Certificate of Status Desired Country Country 34134 USA \$8.75 Additional Fee Required 7. Name and Address of Current Registered Agent 8. Name and Address of New Registered Agent/Office Name CORPORATION SERVICE , COMPANY 1201 HAYS STREET Street Address (P.O. Box Number is Not Acceptable) TALLAHASSEE FL 32301 Suite, Apt. #, etc City 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 signal arc registers where resisting). 10. Title Managing Members/Managers **Business Street Address** City, State and Zip Code MGRM ACME TELEVISION, LLC 2101 EAST 4TH STREET, SUIT SANTA ANA CA MGRM ACME SUBSIDIARY HOLDIN 2101 EAST 4TH STREET, SOLT SANTA ANA CA sdagg<u>aa</u>16065-...\$ -03/23/99 -01096--015 ****188.75 ****188.75 3-19-99 11. Ido hereby certify that the information supplied with this fiting 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

THOMAS D, ALLEN

attachment with an address.

SIGNATURE: