

FILE ON OR BEFORE DECEMBER 31, 1998 OR LIMITED PARTNERSHIP
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS		FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 98 DEC -7 PM 2: 21	
1. Name of Limited Partnership		1a. DOCUMENT # A93000000225			
BEE LINE ENTERTAINMENT PARTNERS, LTD.					
Mailing Address 401 E. SEMORAN BLVD CASSELBERRY FL 32707		Principal Office Address 401 E. SEMORAN BLVD CASSELBERRY FL 32707		3. Date Formed or Registered 02/25/1993	5a. Capital Contributions as Shown on record. \$1,800,000.00
2. Mailing Address		2a. Principal Office Address		3a. Date of Last Report 11/20/1997	5b. Amount of Capital Contributions in FLORIDA to date:
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. State or Country of Formation FL	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
City & State		City & State		6. FEI Number 59-3171209	
Zip		Country		7. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	8. Make check payable to: Dept. of State (See reverse side for fee information)
Zip		Country			
9. Name and Address of Current Registered Agent RANDALL C. SMITH, ESQ. 750 N. MAITLAND AVENUE MAITLAND FL 32751			10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number Is Not Acceptable) Suite, Apt. #, etc. City FL Zip Code		
10a. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, 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 its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes.					
SIGNATURE (Registered Agent Accepting Appointment) _____ DATE _____					
A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.					
11. Name(s) of General Partner(s)	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)	11b. City, State & Zip Code	11c. Registration/ Document Number		
BEE LINE ENTERTAINMENT, INC.	401 E. SEMORAN BLVD.	CASSELBERRY FL 32707	P92000012400		
8000002707958--3 -12/09/98--01107--001 ****526.75 ****526.75					
Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.					
12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.					
BEE LINE ENTERTAINMENT, INC. SIGNATURE By: <u>Nancy Voegtlin</u> Secretary DATE <u>11/20/98</u> Typed or Printed Name of General Partner Signing Form <u>Nancy Voegtlin</u> Daytime Telephone Number <u>(407) 767-2977</u>					

CR2E003 (8/98)