File on or before May 1, 1998 or Limited Liability Company will be subjectito a \$ 400.00 LATE FEE. FILED SECRETARY OF STATE DIVISION OF STATE FLORIDA DEPARTMENT OF STATE LIMITED LIABILITY COMPANY Sandra B. Mortham **ANNUAL REPORT** Secretary of State 1998 DIVISION OF CORPORATIONS 98 MAR 30 AMII: 27 FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee \$ 188.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE Name and Mailing Address
of Limited Liability Company **DOCUMENT # L92000000009** 1a. Principal Place of Business Address B & B CREATIVE STUDIO, L.C. 1605 MAIN STREET 1605 MAIN STREET SUITE 101 SUITE 101 SARASOTA FL 34236 SARASOTA FL 34236 3. Date Organized or Qualified | 3a. State of Formation 2. Principal Place of Business 2a. Malling Address 11/02/1992 Suite, Apt. #, étc. Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State 65-0366825 Not Applicable 5. Date of Last Report 6. Certificate of Status Desired Country Country \$8.75 Additional Fee Required 03/14/1997 7. Name and Address of Current Registered Agent 8. Name and Address of New Registered Agent/Office GOLDSMITH, STANLEY A 1605 MAIN ST Street Address (P.O. Box Number Is Not Acceptable) SUITE 1001 <u> 100002480881-</u> SARASOTA FL 34236 Sulte, Apt. #, etc. -04/07/98--01044--010 ****188.75 ****188.7 ****188.75 City Zip Code 9. Pursuant to the provisions of Sections 608.416 and 608.508, Fiorida 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_ (Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating) 10. Title Managing Members/Managers **Business Street Address** City, State and Zip Code М BACSO, BERTALAN S 1605 MAIN ST., SUITE 1001 SARASOTA FL М BACSO, BELA k239Cx31ESCAxBAYSIDExDR. SARASOTA FL 1605 MAIN ST., SUITE 1001 SARASOTA, FL

11. I do hereby certify that the information supplied with this filling 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:

BELA BACSO

3/16/38 (341) 355-4381

OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER