


FILE NOW: Fee after May 1, will be \$588.75

LIMITED LIABILITY COMPANY ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS		FILED 97 MAY 15 PM 3:35 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
FILING FEE \$ 203.75		Annual Report \$100.00 + \$103.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE			
1 Name and Mailing Address of Limited Liability Company		DOCUMENT # L94000000122			
CUSTOM INTERACTIVE, L.C. 128 ORION CIRCLE JUPITER FL 33477		1a. Principal Place of Business Address 128 ORION CIRCLE JUPITER FL 33477			
<small>If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a.</small>					
2 Principal Place of Business		2a. Mailing Address		3. Date Organized or Qualified	
Suite, Apt. #, etc.		<i>2619 La Cristal Circle</i>		03/21/1994	
City & State		City & State		3a. State of Formation	
Zip		Zip		FL	
Country		Country		4. FEI Number	
33410		<i>Palm Beach Gardens</i>		65-0487440	
7. Name and Address of Current Registered Agent		5. Date of Last Report			
HARRIS, J. RICHARD 1400 P.C.A. BLVD SUITE 900 PALM BEACH GARDENS FL 33408		03/21/1996			
8. Name and Address of New Registered Agent		6. Certificate of Status Desired			
Name		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable			
Street Address (P.O. Box Number is Not Acceptable)		6. Date of Last Report			
Suite, Apt. #, etc.		03/21/1996			
City		7. Additional Fee Required			
FL		<input type="checkbox"/> \$8.75 Additional Fee Required			
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 <i>Malcolm E Shaw</i> DATE <i>4-27-97</i>					
<small>(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)</small>					
10. Title		Managing Members/Managers		Business Street Address	
MGR		SHAW, MALCOLM E		128 ORION CIRCLE	
City, State and Zip Code		JUPITER FL			
700002184037--9		-05/19/97--01187--025			
****203.75		****203.75			
<i>JB5-15-97</i>					
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: <i>Malcolm E Shaw</i> DATE <i>4-27-97</i> Daytime Phone # <i>561-725-9110</i>					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER</small>					