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

FILED

,	ANNUAL REPORT 1999			FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS			SECRETARY OF STATE DIVISION OF CORPORATIONS 99 MAR 3 PM 3: 45			
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 # L9400000449										
PARK CENTRAL COMMUNICATIONS, L.C. 5009 PARK CENTRAL DR ORLANDO FL 32839						1a. Principal Place of Business Address 5009 PARK CENTRAL DR ORLANDO FL 32839				
			ng Address AMC			3. Date Organiz 09/08/1		3a. State FL	of Formation	
City & State ORIANDO, FL City & State						4. FEt Number 59-3277	Applied For			
321	770 Country 7. Name and Address of Current	Zip		Countr	у	5. Date of Last F 03/27/1			ate of Status Desired	
KANTOR, HAL H 215 N EOLA DR ORLANDO FL 32801					Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc04/09/9301038021 ****188, 75 (*****188, 75					
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.										
SIGNATU	RE(Registered Agent Accepting A	ppontment) (f	NOTE: Registered Age	nt signatur.	regered when renslang		DATE			
10. Title Managing Members/Managers			Business Street Address				City, State and Zip Code			
MEM MEM	PARK CENTRAL PROPERT, 5009 PARK ROFFEY, LUCAS E A 20 SHEPPA			CENTRAL DR		ORLANDO FL WILLOWDALE ONTARIO C				
МЕМ	SLATER, JOEL K 500			5009 PARK CENTRAL DE			ORLAND	O FL		
MEM	SKELLEY, JEANNIE	L	5009 F	ARK	CENTRAL	DR	ORLAND	O FL		

11. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3) (ii), 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:

| HENRY A. Mark for 3/24/49 401-851-635-4

INHSE10 R (12-98)