


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

**APPROVED
AND
FILED**

1997 MAY -1 AM 10: 22

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

LIMITED LIABILITY COMPANY ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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FILING FEE	Annual Report \$100.00 + \$103.75 Corporation Supplemental Fee
\$ 203.75	Make Check Payable To: FLORIDA DEPARTMENT OF STATE

1. Name and Mailing Address of Limited Liability Company **DOCUMENT #L94000000538**

TENSEN, L.C.
P.O. BOX 1659
DESTIN FL 32540-1659

If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a.

1a. Principal Place of Business Address

~~21001~~ EMERALD COAST PKWY
DESTIN FL 32540

2. Principal Place of Business		2a. Mailing Address	
20011 Emerald Coast Pkwy. <small>Suite, Apt. #, etc.</small> Destin <small>City & State</small> FL		 <small>Suite, Apt. #, etc.</small> <small>City & State</small>	
<small>Zip</small> 32541	<small>Country</small> US	<small>Zip</small>	<small>Country</small>

3. Date Organized or Qualified	3a. State of Formation
10/07/1994	FL
4. FEI Number	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
59-3277710	
5. Date of Last Report	6. Certificate of Status Desired
06/17/1996	<input type="checkbox"/> Additional Fee Required

7. Name and Address of Current Registered Agent

ADVERTISING SERVICES, INC.
~~5973 HWY. 98 EAST~~
DESTIN FL 32541

8. Name and Address of New Registered Agent

Name
Advertising Services, Inc.
Street Address (P.O. Box Number is Not Acceptable)
20011 Emerald Coast Pkwy
Suite, Apt. #, etc.

City
Destin Zip Code
FL 32540

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 signature required when reinstating)

10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGRM	ADVERTISING SERVICES,	5973 HWY. 98 EAST 20011 Emerald Coast Pkwy	DESTIN FL 200002176752--8 -05/13/97--01068--018 ****203.75 ****203.75 KAD SIRAN

11. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3) (l), 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: Carol Earles
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #