File on or before May 1, 1998 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE SECRETARY OF STATE DIVISION OF CORPORATIONS FLORIDA DEPARTMENT OF STATE LIMITED LIABILITY COMPANY Sandra B. Mortham ANNUAL REPORT Secretary of State 1998 DIVISION OF CORPORATIONS 98 JUL -2 AM 8: 23 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 # L94000000538 1a. Principal Place of Business Address TENSEN, L.C. 20011 EMERALD COAST PKWY 20011 EMERALD COAST PKWY DESTIN FL 32541 DESTIN FL 32541 2. Principal Place of Business 2s. Mailing Address 3. Date Organized or Qualified 3a. State of Formation Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State Not Applicable 6. Certificate of Status Desired Country Zip Country Zip \$8.75 Additional Fee Required 8. Name and Address of New Registered Agent/Office 7. Name and Address of Current Registered Agent Charles E. Earles ADVERTISING SERVICES, INC. Street Address (P.O. Box Number is Not Acceptable) 5373 HWY. 98 EAST 20011 Emerald Coast Parkway DESTIN FL 32541 Suite, Apt. #, etc. Zip Code City 32541 Destin 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. 3/10/98 SIGNATURE 10. Title Managing Members/Managers **Business Street Address** City, State and Zip Code 20011 EMERALD COAST PKWY MORM ADVERTISING SERVICES, --20011 Emerald Coast Fxwy T Detsim8 FL MGRM Charles E. Earles 50000258**45**75---07/03/33--01066--017 ****188.75

11. Ido hereby certify that the information supplied with this sling 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 pat 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:

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

11148 8501837-8001 date Dayshie Prone #