
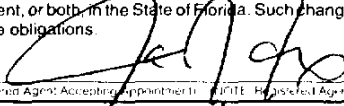
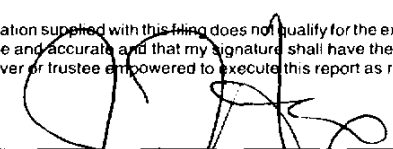


File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

LIMITED LIABILITY COMPANY ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
FILING FEE \$ 188.75 Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE			
1. Name and Mailing Address of Limited Liability Company DOCUMENT # L94000000606 FOXCORP, L.C. 9363 E. COLORADO AVE. DENVER CO 80231		1a. Principal Place of Business Address 5188 N.W. 47TH AVENUE COCONUT CREEK FL 33073	
2. Principal Place of Business 1001 Riverside Dr Suite, Apt. #, et City & State 08330 USA	2a. Mailing Address 1001 Riverside Dr Suite, Apt. #, etc City & State 08330 USA	3. Date Organized or Qualified 11/07/1994	3a. State of Formation FL
4. FEI Number 65-0533118		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Date of Last Report 05/21/1998		6. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
7. Name and Address of Current Registered Agent FOX, JACK I 5188 N.W. 47TH AVENUE COCONUT CREEK FL 33073		8. Name and Address of New Registered Agent/Office Name STEVEN ROTH Esq. cp Street Address (P.O. Box Number is Not Acceptable) 16459 NE 6th Ave Suite, Apt. #, etc City N. Miami FL Zip Code 33162	
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 April 7, 1999			
10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGRM	FOX, JACK I	5188 N.W. 47TH AVENUE	COCONUT CREEK FL
MGRM	FOX, MARCIA A	5188 N.W. 47TH AVENUE	COCONUT CREEK FL
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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:  4-7-99			

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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