



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 MAR 13 AM 11:47 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 #L95000000226 INTERNATIONAL BOX OFFICE AND TICKETING, L. C. 1775 CEDAR WAXWING COURT PALM HARBOR FL 34683				1a. Principal Place of Business Address 1775 CEDAR WAXWING COURT PALM HARBOR FL 34683			
If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a.							
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country		2a. Mailing Address Suite, Apt. #, etc. City & State Zip Country		3. Date Organized or Qualified 03/17/1995 4. FEI Number 59-3300067 5. Date of Last Report 05/01/1996		3a. State of Formation FL <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable 6. Certificate of Status Desired S8 75 Additional Fee Required <input type="checkbox"/>	
7. Name and Address of Current Registered Agent CLARK, JAMES I. ESQ. 201 NORTH MACDILL AVENUE TAMPA FL 33609				8. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. 700002116137--0 -03/18/97--01062--005 City ***210325 Zip Code ***203.75 FL			
<p>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.</p> <p>SIGNATURE _____ DATE _____ <small>(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)</small></p>							
10. Title	Managing Members/Managers	Business Street Address			City, State and Zip Code		
MEM	FOERDERER, ALICE M	1775 CEDAR WAXWING COURT			PALM HARBOR FL		
MGRM	VAN DOREN, RICHARD	1775 CEDAR WAXWING COURT			PALM HARBOR FL		
MGRM	STUDNICKA, STEPHEN	1775 CEDAR WAXWING COURT			PALM HARBOR FL		
							
<p>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.</p> <p>SIGNATURE: <u>Stephen L. Studnicka</u> Stephen L. Studnicka 3/11/97 813-789-6030 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #</small></p>							