



File on or before May 1, 1998 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

LIMITED LIABILITY COMPANY ANNUAL REPORT 1998		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS		FILED 98 APR 22 PM 3:34 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
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 # 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			
2. Principal Place of Business 350 Mayfair Circle E. Suite, Apt. #, etc.		2a. Mailing Address Suite, Apt. #, etc.		3. Date Organized or Qualified 03/17/1995	
City & State Palm Harbor FL		City & State		3a. State of Formation FL	
Zip 34683		Country USA		4. FEI Number 59-3300067	
				5. Date of Last Report 03/13/1997	
				6. Certificate of Status Desired <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable \$6.75 Additional Fee Required <input type="checkbox"/>	
7. Name and Address of Current Registered Agent CLARK, JAMES L ESQ. 201 NORTH MACDILL AVENUE TAMPA FL 33609			8. Name and Address of New Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) 300002504293--5 Suite, Apt. #, etc. -04/23/98 --01006--007 ***188.75 ***188.75 City FL Zip Code		
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 _____ <small>(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)</small>					
10. Title	Managing Members/Managers	Business Street Address		City, State and Zip Code	
MGRM	VAN DOREN, RICHARD	1775 CEDAR WAXWING COURT		PALM HARBOR FL	
MGRM	STUDNICKA, STEPHEN	1775 CEDAR WAXWING COURT		PALM HARBOR 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) (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: N. Richard Van Doren N. Richard Van Doren 4/20/98 813-787-5411
SIGNATURE AND TYPED (OR PRINTED) NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #