

2nd and FINAL NOTICE: File on or before Sept. 30, 1998 or Limited Liability Company will be dissolved. If dissolved, minimum amount due to reinstate: \$688.75

| | | |
|--|---|---|
| LIMITED LIABILITY COMPANY ANNUAL REPORT 1998 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|--|---|---|

| | |
|--------------------------------|--|
| FILING FEE \$ 588.75 | Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee + \$400.00 Late Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE |
|--------------------------------|--|

| | |
|---|--------------------------------|
| 1. Name and Mailing Address of Limited Liability Company | DOCUMENT # L95000000377 |
| ADVANCE PUBLISHERS, L.C. 501 SOUTH NEW YORK AVENUE SUITE 210 WINTER PARK FL 32789-4275 | |

FILED
98 AUG 17 PM 4:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

| | | | |
|---|--|--|--|
| 2. Principal Place of Business 2290 Lucien Way Suite, Apt. #, etc. Suite 280 City & State Maitland, FL 32751 Zip 32751 | 2a. Mailing Address 2290 Lucien Way Suite, Apt. #, etc. Suite 280 City & State Maitland, FL Zip 32751 | 3. Date Organized or Qualified 05/10/1995 | 3a. State of Formation FL |
| | | 4. FEI Number 59- 54-3314961 | <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable |
| | | 5. Date of Last Report 05/01/1997 | 6. Certificate of Status Desired \$8.75 Additional Fee Required <input checked="" type="checkbox"/> |

| | |
|---|---|
| 7. Name and Address of Current Registered Agent HABAS, LEONARD 501 SOUTH NEW YORK AVENUE SUITE 210 WINTER PARK FL 32789 | 8. Name and Address of New Registered Agent/Office Name Habas, Leonard Street Address (P.O. Box Number is Not Acceptable) 2290 Lucien Way Suite, Apt. #, etc. Suite 280 City Maitland FL 32751 |
|---|---|

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 _____
(If Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)

| 10. Title | Managing Members/Managers | Business Street Address | City, State and Zip Code |
|-----------|---------------------------|---|--------------------------------|
| MGR | HABAS, LEONARD H | 2290 Lucien Way, Suite 280 501 SOUTH NEW YORK AVENUE | Maitland, FL WINTER PARK FL |
| MGR | LEVECCHIO, ANTHONY J | 4975 PRESTON PARK BLVD., S | PLANO TX |
| MGR | KRESGE, H. CARY JR. | 1201 LOUISIANA AVENUE | WINTER PARK FL |
| MGR | MULHARE, EDWARD A | 6186 WESTVIEW COURT | RIVER EDGE NJ |
| MGR | RESANOVICH, MILAN | 21 ROBIN HOOD LANE | CHATHAM NJ |

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: 
SIGNATURE AND PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #