File on or before May 1, 1998 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE. FLORIDA DEPARTMENT OF STATE Cath P P Page 1 2 LIMITED LIABILITY COMPANY Sandra B. Mortham ANNUAL REPORT Secretary of State 1998 DIVISION OF CORPORATIONS 198 APR 16 PM 1:03 FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee \$ 188.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE Fill like by Sail Name and Malling Address of Limited Liability Company LLAHASSEE. FLORIDA **DOCUMENT #** L95000000449 1a. Principal Place of Business Address AMERICA'S BEST JOB FAIRS, L.C. DISH IT-HY P.O. BOX 2683 420 LINCOLN ROAD SPRINGFIELD VA 22152 SUITE 264 MIAMI BEACH FL 33139 3. Date Organized or Qualified 3a. State of Formation 2. Principal Place of Business 2a. Malling Address 06/14/1995 4. FEI Number Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State Not Applicable 65-0622499 5. Date of Last Report 6. Certificate of Status Desired Zip Country Country \$8.75 Additional Fee Required 04/07/1997 8. Name and Address of New Registered Agent/Office 7. Name and Address of Current Registered Agent KASS, STEVEN A Street Address (P.O. Box Number is Not Acceptable) 441 NW 189TH TERRACE PEMBROKE PINES FL 33029 Suite, Apt. #, etc. City 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 appointment as registered agent, and accept the appointment as registered agent. SIGNATURE red Agent Accepting Appointment) (NOTE Registered Agent signature required when reinstating) City, State and Zip Code 10. Title Managing Members/Managers **Business Street Address** MGR KASS, STEVEN A 1632 PENNSYLVANIA AVE SUIT MIAMI BEACH FL 200002498762--8 -04/24/98--01005--016 \*\*\*\*188.75 \*\*\*\*188.75 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

STEVEN A. KASS

SIGNA MI AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

attachment with an address. SIGNATURE: