
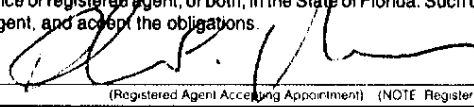
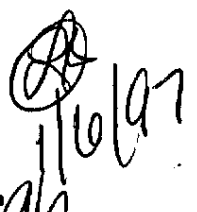
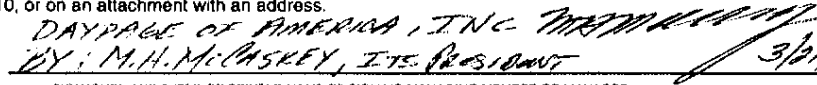


FILE NOW: Fee after May 1, will be \$263.75

LIMITED LIABILITY COMPANY ANNUAL REPORT 1996				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
FILING FEE \$ 238.75		Annual Report \$100.00 + \$138.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE			
1. Name and Mailing Address of Limited Liability Company		DOCUMENT # L95000000830			
MAGPAGE, L.C. 1534 W. BRANDON BLVD. BRANDON FL 33511		1a. Principal Place of Business Address 1534 W. BRANDON BLVD. BRANDON FL 33511			
If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a.					
2. Principal Place of Business 304 N. DALE MADEY Suite, Apt. #, etc.		2a. Mailing Address Suite, Apt. #, etc.		3. Date Organized or Qualified 10/31/1995	
City & State TAMPA, FLORIDA		City & State		3a. State of Formation FL	
Zip 33609		Country HILLSBOROUGH		4. FEI Number 59-3363638	
				<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
				5. Date of Last Report N/A	
				6. Certificate of Status Desired <input checked="" type="checkbox"/> No Fee Additional Fee Required <input type="checkbox"/>	
7. Name and Address of Current Registered Agent MCNAMARA, THOMAS P 2909 BAY TO BAY BLVD. SUITE 309 TAMPA FL 33629			8. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 300002050069--1 Suite, Apt. #, etc. -01708797--01031--008 ****738.75 ****738.75 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 12/30/96		
(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)					
10. Title	Managing Members/Managers	Business Street Address		City, State and Zip Code	
MGRM	DAYPAGE OF AMERICA, IN	1534 W. BRANDON BLVD.		BRANDON FL	
MEM	GRIGORY, MILDRED A DR.	8730 KING GEORGE DRIVE, SU		DALLAS TX	
 REINSTATEMENT					
11. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3) (k), 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: DAYPAGE OF AMERICA, INC. 		3/2/96 (813) 681-2200			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER		Date		Daytime Phone #	