File on or before May 1, 1998 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE. FLORIDA DEPARTMENT OF STATE LIMITED LIABILITY COMPANY & Sandra B. Mortham **ANNUAL REPORT** Secretary of State 1998 DIVISION OF CORPORATIONS 98 MAY - 1 PM 12: 18 FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee \$ 188.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE Name and Mailing Address of Limited Liability Company **DOCUMENT #** L9600000489 1a. Principal Place of Business Address MERLEX GROUP COMMUNICATIONS, L.C. 1515 E. BROWARD BLVD. 1515 E. BROWARD BLVD. SUITE 403 SUITE 403 FT. LAUDERDALE FL 33301 FT. LAUDERDALE FL 33301 2. Principal Place of Business 2a. Mailing Address 3. Date Organized or Qualified | 3a. State of Formation 04/29/1996 FL Suite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State 65-0547070 Not Applicable 5. Date of Last Report 6. Certificate of Status Desired Country Country Zip S8 75 Adoctional Lee Required 05/01/1997 7. Name and Address of Current Registered Agent 8. Name and Address of New Registered Agent/Office Name TARKOE, CLINTON M 1040 BAYVIEW DRIVE STE 317 Street Address (P.O. Box Number is Not Acceptable) FORT LAUDERDALE FL 33304 Suite, Apt. #, etc. City 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 (Registered Agent Accepting Appointment) (NOTE, Registered Agent signature required when reinstaling) 10. Title Managing Members/Managers **Business Street Address** City, State and Zip Code MGRM MERNER, GEORGE W 1040 BAYVIEW DRIVE STE 317 FORT LAUDERDALE FL

11. Ido 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 truetee 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:

Oate 64-78-98 Dayline Prions #