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LIMITED LIABILITY COMPANY ANNUAL REPORT 1997	 FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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<b>FILING FEE</b> \$ 203.75	Annual Report \$100.00 + \$103.75 Corporation Supplemental Fee <b>Make Check Payable To: FLORIDA DEPARTMENT OF STATE</b>
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1. Name and Mailing Address of Limited Liability Company	<b>DOCUMENT #</b> L96000000768
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SHADOW BROADCAST SERVICES, L.L.C.  
555 EAST CITY LINE AVENUE  
BALA CYNWYD PA 19004

If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a.

2. Principal Place of Business 14645 N.W. 77TH AVENUE Suite, Apt. #, etc. FAIRWAY CORP CENTER 3 City & State MIAMI LAKES, FLORIDA Zip 33014 Country	2a. Mailing Address 555 CITY LINE AVENUE Suite, Apt. #, etc. 1000 10TH FLOOR City & State BALA CYNWYD PA Zip 19004 Country
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7. Name and Address of Current Registered Agent BRCMC, INC. 1401 FORUM WAY WEST PALM BEACH FL 33401	8. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City FL Zip Code
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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 \_\_\_\_\_  
(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when resigning)

10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGR.	D'AMBROSE, MICHAEL	555 EAST CITY LINE AVENUE	BALA CYNWYD PA
MGR.	PENN, RICHARD	14645 N.W. 77TH AVE. FAIRWAY CORP. CENTER 3	MIAMI LAKES, FL 33014

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\*\*\*\*203.75 \*\*\*\*203.75

*7/14/97  
5/12/97*

11. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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:** Richard Penn **RICHARD PENN** 4-21-97 (305) 512-BAZZ  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #