


**FILE NOW: Fee after May 1, will be \$588.75**

**APPROVED  
AND  
FILED**

**1997 MAY 14 AM 9:07**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

LIMITED LIABILITY COMPANY ANNUAL REPORT 1997				FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS	
<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>			
1. Name and Mailing Address of Limited Liability Company		<b>DOCUMENT #</b> L96000000857			
KID STATION II, L.C. 3691 SW 14TH STREET MIAMI FL 33145		1a. Principal Place of Business Address 3691 SW 14TH STREET MIAMI FL 33145			
If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a.					
2. Principal Place of Business		2a. Mailing Address		3. Date Organized or Qualified	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		08/12/1996	
City & State		City & State		FL	
Zip		Country		4. FEI Number	
				65-0695756	
				<input type="checkbox"/> Applied For	
				<input type="checkbox"/> Not Applicable	
				5. Date of Last Report	
				6. Certificate of Status Desired	
				<input type="checkbox"/> All Fees Additional Fee Required	
7. Name and Address of Current Registered Agent			8. Name and Address of New Registered Agent		
MONTENEGRO, ALINA 3691 SW 14TH STREET MIAMI FL 33145			Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City		
			800002186548--2 -05/21/97--01058--008 ****203.75 FL Zip Code ****203.75		
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 reinstating) DATE _____					
10. Title	Managing Members/Managers	Business Street Address		City, State and Zip Code	
MGR	MONTENEGRO, ALINA	3691 SW 14TH STREET		MIAMI FL	
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: <u>Alina C. Montenegro</u> APRIL 28 '97 (305) 443-2001					
SIGNATURE OF LIMITED LIABILITY COMPANY SECRETARY OR MANAGER Date Daytime Phone #					