File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 | ATE FEE.

LIMITED LIABILITY COMPANY ANNUAL REPORT 1999  FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS  FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee \$188.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE  1. Name and Mailing Address of Limited Liability Company  DOCUMENT # L96000000857  KID STATION II, L.C. 3691 SW 14TH STREET MIAMI FL 33145					FILED  99 APR 15 PH 4: 13  SECURITARY U. ALIANDA  IALLAHASSEE, FLORIDA  18. Principal Place of Business Address  3691 SW 14TH STREET  MIAMI FL 33145		
2 Principal Place of Business 2a. M			ailing Address		3. Date Organized or Qualifie	ed 3a. State of Formation	
Suite, Apt.	#, etc.	Suite, Apt	Suite, Apl #, etc.		08/12/1996	FL	
City & State Zip Country		City & State		try	4. FEI Number 65-0695756 5. Date of Last Report 05/01/1998	Applied For  Not Applicable  6. Certificate of Status Desired  \$8.75 Additional Fee Required	
7. Name and Address of Current Registered			gent	8. 1	Name and Address of New Re	gistered Agent/Office	
3691 MIAM	ENEGRO, ALINA SW 14TH STREET I FL 33145  Int to the provisions of Sections 608 416 ed office or registered agent, or both, in the red agent, and accept the obligations  RE	e State of Florid	la. Such change was i	Suite, Apt #, etc City bove-named limited authorized by affirmat	liability company submits this sive vote of a majority of the mem	//2//13 01110 003  1 188.75 **** 188.7  Zip Code  Latement for the purpose of changing	
10. Title			Business Street Address		<del></del>	City, State and Zip Code	
MGR	MONTENEGRO, ALIN	A	3691 SW 1	14TH STREI		II FL	
indicated o	reby certify that the information supplied w on this annual report is true and accurate illity company or the receiver or trustee er	and that my sig	nature shall have the	same legal effect as	if made under oath, that I am a	managing member or manager of the	

INHSE10 R (12-98)

attachment with an address