


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

**APPROVED
AND
FILED**

1997 APR 14 AM 8:28

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

LIMITED LIABILITY COMPANY ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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FILING FEE \$ 203.75	Annual Report \$100.00 + \$103.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE
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1. Name and Mailing Address of Limited Liability Company

DOCUMENT # L96000000986

DHA PRODUCTION, L.C.
2403 TRADE CENTER WAY
SUITE 4
NAPLES FL 33942

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

1a. Principal Place of Business Address

2403 TRADE CENTER WAY
SUITE 4
NAPLES FL 33942

2. Principal Place of Business		2a. Mailing Address	
MEDIAWORKS (DGA) <small>Suite, Apt. #, etc.</small> 2403 TRADE CENTER WAY <small>City & State</small> NAPLES FL		STE 4 <small>Suite, Apt. #, etc.</small> <small>City & State</small>	
Zip	Country	Zip	Country
34109	COLLIER		

3. Date Organized or Qualified	3a. State of Formation
09/18/1996	FL
4. FEI Number	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
65-6712100	
5. Date of Last Report	6. Certificate of Status Desired
	<input type="checkbox"/> \$3.75 Additional Fee Required

7. Name and Address of Current Registered Agent

STEINHOFF, GEORGE
1140 RORDEN
NAPLES FL 33940

8. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, etc.

City

Zip Code

FL

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 *George Steinhoff* DATE 2/12/97

(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)

10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGR	STEINHOFF, GEORGE	1140 RORDEN	NAPLES FL
MGR	GUNN, ERIK	4556 ANDOVER WAY SUITE 3 2	NAPLES FL

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-04/15/97--01080--015
****203.75 ****203.75

*WSP
4/15/97*

11. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3) (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: *George Steinhoff* DATE 2/12/97

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #