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

LIMITED LIABILITY COMPANY ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

1997 APR 14 AM 8: 28 1997 DIVISION OF CORPORATIONS Annual Report \$100.00 + \$103.75 Corporation Supplemental Fee FILING FEE \$ 203.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE Name and Mailing Address of Limited Liability Company **DOCUMENT #**19600000986 1a. Principal Place of Business Address DHA PRODUCTION, L.C. 2403 TRADE CENTER WAY 2403 TRADE CENTER WAY SUITE 4 SUITE 4 NAPLES FL 33942 NAPLES FL 33942 If above mailing address is incorrect in any way, tine through incorrect information and enter correction in Block 2a 3a. State of Formation 2 Principal Place of Business 3. Date Organized or Qualified 2a. Mailing Address MEDIA WORKS (DBA 09/18/1996 FL Suite, Apt. #, etc. 4. FEI Number Applied For 57E 4 City & State Not Applicable 65-6712100 5. Date of Last Report 6. Certificate of Status Desired Zip Country 88-75 Additional Fee Regured COLLIER 7. Name and Address of Current Registered Agent 8. Name and Address of New Registered Agent Name STEINHOFF, GEORGE 1140 RORDEN Street Address (P.O. Box Number is Not Acceptable) NAPLES FL 33940 Suite, Apt. #, etc. City Zip Code 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 in obligations DATE _ SIGNATURE _ gistered Agent signature required when reinstating) **Business Street Address** City, State and Zip Code 10. Title Managing Members/Managers MGR STEINHOFF, GEORGE 1140 RORDEN NAPLES FL MGR GUNN, ERIK 556 ANDOVER WAY SUITE 3 2 WAPLES FL 900002143949--3 -04/15/97--01080--015 ****203.75 ****203.75 11. I do hereby certify that the information supplied with this filling 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 path; 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

Daylime Phone #

NINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

INHSE10 R(12-96)

attachment with an address.

SIGNATURE: