


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

LIMITED LIABILITY COMPANY ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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FILED

97 MAY -5 PM 4: 13

SECRETARY OF STATE
TALLAHASSEE FLORIDA

FILING FEE	Annual Report \$100.00 + \$103.75 Corporation Supplemental Fee
\$ 203.75	Make Check Payable To: FLORIDA DEPARTMENT OF STATE

1 Name and Mailing Address of Limited Liability Company
DOCUMENT # L96000001056
 RIVAL ENTERTAINMENT OF PALM BEACH GARDENS,
 I. C.
 9539 N.W. 2ND PLACE
 COAL SPRINGS FL 33071

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
 9539 N.W. 2ND PLACE
 COAL SPRINGS FL 33071

2. Principal Place of Business <i>4224 Northlake Blvd.</i>		2a. Mailing Address		3. Date Organized or Qualified 10/04/1996	3a. State of Formation FL
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number <i>650698132</i>	<input type="checkbox"/> Applied For
City & State <i>Palm Beach Gardens</i>		City & State			<input type="checkbox"/> Not Applicable
Zip <i>33410</i>	Country <i>USA</i>	Zip	Country	5. Date of Last Report <i>NA</i>	6. Certificate of Status Desired <input type="checkbox"/> SB 75 Additional Fee Required

7. Name and Address of Current Registered Agent
 WALSH, ROB
 9539 N.W. 2ND PLACE
 CORAL SPRINGS FL 33071

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 _____ DATE _____
(Registered Agent Accepting Appointment) (NOTE Registered Agent signature required when reinstating)

10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGRM	WALSH, ROB	9539 N.W. 2ND PLACE	CORAL SPRINGS FL
MGRM	BROWN, HARRY J	461 PARK AVENUE SOUTH	NEW YORK NY

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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 606, Florida Statutes; and that my name appears in Block 10, or on an attachment with an address.

SIGNATURE: *R. Walsh* **Rob Walsh** 4-29-97 954-796-1786

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date Daytime Phone #