


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

LIMITED LIABILITY COMPANY ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE <b>Sandra J. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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<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>
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1. Name and Mailing Address of Limited Liability Company	<b>DOCUMENT #L96000001060</b>
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MONTI RADIO, I.C.  
3000 OLSON ROAD  
TALLAHASSEE FL 32312

**FILED**  
97 MAY 15 PM 12:14  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1a. Principal Place of Business Address
3000 OLSON ROAD TALLAHASSEE FL 32312

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
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

3. Date Organized or Qualified	3a. State of Formation
0/09/1996	FL
4. FEI Number	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
59-3413519	
5. Date of Last Report	6. Certificate of Status Desired
	<input type="checkbox"/> No Additional Fee Required

7. Name and Address of Current Registered Agent
HILL, JON 109 B RIDGELAND ROAD TALLAHASSEE FL 32312

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	HUBERMAN, GISELA	8900 HARVEST SQUARE COURT	POTOMAC MD
MGRM	LEVINSON, ADAM	POST OFFICE BOX 13909 3000 Olson Road	TALLAHASSEE FL
MGRM	TIMM, BRUCE	POST OFFICE BOX 14369 3370 Capital Circle NE	TALLAHASSEE FL
MGRM	REBUS, INC.	POST OFFICE BOX 12812 1820 E Park Ave	TALLAHASSEE FL

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\*\*\*\*212.50 \*\*\*\*212.50  
JB  
5-19-97

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:** Sherrie McAllister Sherrie McAllister 4/17/97 904-385-8888  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #