
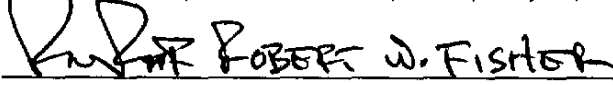


2nd NOTICE: Limited Liability Company Will Be Dissolved On Or After October 8, 1997. If Dissolved, Minimum Amount Due To Reinstate: \$703.75

LIMITED LIABILITY COMPANY ANNUAL REPORT 1997				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
FILING FEE \$ 588.75		Annual Report \$100.00 + \$103.75 Corporation Supplemental Fee + \$385.00 Late Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE			
1. Name and Mailing Address of Limited Liability Company		DOCUMENT # L96000001160		1a. Principal Place of Business Address	
MICHAEL WINSLOW LIVE, L.C. 1000 UNIVERSAL STUDIOS PLAZA BLDG 22, SUITE 255 ORLANDO FL 32819-7610				1000 UNIVERSAL STUDIOS PLAZA BLDG 22, SUITE 255 ORLANDO FL 32819	
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		3. Date Organized or Qualified	
Suite, Apt. #, etc. 215		Suite, Apt. #, etc. 215		10/30/1996	
City & State		City & State		4. FEI Number	
				593421784	
Zip		Country		5. Date of Last Report	
				6. Certificate of Status Desired	
				<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
				5875 Additional Fee Required <input type="checkbox"/>	
7. Name and Address of Current Registered Agent			8. Name and Address of New Registered Agent		
WHITEACRE, WILLIAM L 1000 UNIVERSAL STUDIOS PLAZA BLDG 22, SUITE 255 ORLANDO FL 32819			Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. 215 City FL 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 the obligations.					
SIGNATURE _____ DATE _____ (Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstalling)					
10. Title	Managing Members/Managers	Business Street Address		City, State and Zip Code	
MGR	WHITACRE, WILLIAM L	1000 UNIVERSAL STUDIOS PLA		ORLANDO FL	
MGRM	FISHER, ROBERT W	1000 UNIVERSAL STUDIOS PLA		ORLANDO FL	
MGRM	FISHER, ELLEN	1000 UNIVERSAL STUDIOS PLA		ORLANDO FL	
				600002276976--8 -08/26/97--01011--002 ****203.75 ****203.75 JB 8-25-97	

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:  **ROBERT W. FISHER** 8/21/97 407-224-6671

Michael Winslow Live

UNIVERSAL STUDIOS FLORIDA, 1000 UNIVERSAL STUDIOS PLAZA
BUILDING 22, SUITE #215, ORLANDO, FL 32819-7610
PH. 407-224-6671

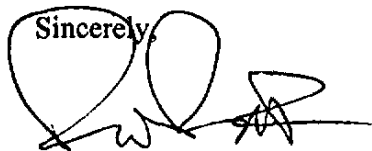
August 21, 1997

Division of Corporations
Annual Reports Section
PO Box 6327
Tallahassee, FL 32314

To Whom It May Concern:

We did not properly receive the first notice of this form and even this form was delivered to another office here in Building 22 at Universal Studios. We apologize for its lateness.

Sincerely,

A handwritten signature in black ink, appearing to read 'Robert W. Fisher', with a stylized flourish at the end.

Robert W. Fisher