File on or before May 1, 1998 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE FLORIDA DEPARTMENT OF STATE LIMITED LIABILITY COMPANY Sandra B. Mortham **ANNUAL REPORT** Secretary of State 1998 DIVISION OF CORPORATIONS 98 APR 29 AMII: 33 FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee \$ 188.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE Name and Mailing Address of Limited Liability Company **DOCUMENT #** 19700000101 1a. Principal Place of Business Address F + V HOLDING L.C. C/O MONDRIAN STUDIO LLC C/O MONDRIAN STUDIO LLC 712 FIFTH AVENUE, 30TH FLOOR 712 FIFTH AVENUE, 30TH FLOOR NEW YORK NY 10019 NEW YORK NY 10019 2. Principal Place of Business 2a. Mailing Address 3. Date Organized or Qualified | 3a. State of Formation 01/24/1997 4. FEI Number Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 98-0172878 City & State City & State Not Applicable 5. Date of Last Report 6. Certificate of Status Desired Zip Country Zip Country s6.75 Additional Fee Hegorieff 7. Name and Address of Current Registered Agent 8. Name and Address of New Registered Agent/Office Name CORPORATE CREATIONS ENTERPRISES, INC. Street Address (P.O. Box Number is Not Acceptable) 4521 PGA BOULEVARD 500002512005---05/05/98--01136--008 SUITE 211 Sulte, Apt. #, etc. PALM BEACH GARDENS FL 33418 ****188.75 ****188.75 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_ (Registered Agent Accepting Appointment) (NOTE Registered Agent signature required when reinstating) Managing Members/Managers **Business Street Address** 10. Title City, State and Zip Code MGRM FRANKE, HORST 712 FIFTH AVE, 30TH FLOOR NEW YORK NY 712 FIFTH AVE, 30TH FLOOR MGRM VERHOEVEN, ANDREAS NEW YORK NY

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 ampowered 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. NOREAS VERHOEVEN

SIGNATURE: