File on or before May 1, 1998 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

FILED

LIMITED LIABILITY COMPANY ANNUAL REPORT 1998			FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS			SECRETARY OF STATE DIVISION OF CORPORATIONS					
FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee \$ 188.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE 1. Name and Mailing Address DOCLINAENT #							98 APR 29 PM 3: 10				
INFORMATION PROVIDER ADVERTISING SERVICES, L.C. P O BOX 612075 NORTH MIAMI FL 33161						18181 NE 31 COURT SUITE 1407 NORTH MIAMI BEACH FL 33160					
2. Principal Place of Business			ng Address			3. Date Organized or Qualified 3a. State of Formation					
Suite, Apt. #, etc	Suite, Apt. #, etc.				04/01/1997 FL 4. FEI Number Applied For						
City & State	City & State			65-0778767 Not Applicable							
Zip Country		Zip Counti			ry	Date of Last Report 6. Certificate of Status Desired S8 75 Additional Fee Required					
7	. Name and Address of Current	Registered	Agent		8. 1	Name and Ado	tress of New Regis				
GARBER, 12000 B MIAMI F				2.0. Box Number is Not Acceptable) SCAYNG BLVD. #216 Zip Code							
its registered office	ne provisions of Sections 608.416 accorregistered agent, or both, in the ent, and accept the obligations.	nd 608.508, State of Flor	Florida Statute ida. Such chan	es, the al ge was a	bove-named limited uthorized by affirmat	liability compa tive vote of a ma	ny submits this state	ement for the	purpose of char cept the appoint	nging iment	
SIGNATURE	DTE Registered Agent signature required when reinsteting			DATE 4/24/98							
10. Title Managing Members/Managers			Business Street Address			City, State and Zip Code					
MGRM HA	HAHN, FRANK			18181 NE 31 COURT			NORTH	MIAMI	веасн	FL	
MGRM GA	CM GARBER, HAROLD M			20379 W COUNTRY CL			#1 NORTH	MIAMI	BEACH	FL	
						<u>-</u>	'00002 -05/06 ****	3/980	437 100801: ****188;	9	
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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 pr 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:

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