


File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

LIMITED LIABILITY COMPANY ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS		FILED 99 APR 27 PM 5:00 SECRETARY OF STATE DIVISION OF CORPORATIONS	
FILING FEE \$ 188.75		Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE			
1. Name and Mailing Address of Limited Liability Company DOCUMENT # L97000000380 INFORMATION PROVIDER ADVERTISING SERVICES LC 12000 BISCAYNE BLVD. #806 MIAMI, FL 33181		1a. Principal Place of Business Address 12000 BISCAYNE BLVD. #806 MIAMI, FL 33181			
2. Principal Place of Business 12000 Biscayne Blvd		2a. Mailing Address 12000 Biscayne Blvd		3. Date Organized or Qualified 04/01/97	3a. State of Formation FL
Suite, Apt. #, etc. 806		Suite, Apt. #, etc. 806		4. FEI Number 65-0778767	
City & State Miami, FL		City & State Miami, FL		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
Zip 33181	Country US	Zip 33181	Country US	5. Date of Last Report 1998	6. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
7. Name and Address of Current Registered Agent HAROLD M. GARBER PA 12000 Biscayne Blvd. #806 Miami, FL 33181			8. Name and Address of New Registered Agent/Office Name HAROLD M GARBER PA Street Address (P.O. Box Number is Not Acceptable) 12000 BISCAYNE BLVD. #806 Suite, Apt. #, etc. City MIAMI FL Zip Code 33181		
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 <i>[Signature]</i>		HAROLD M. GARBER		DATE 4/26/99	
(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	HAHN, FRANK	12000 Biscayne Blvd. #806		Miami, FL 33181	
MGRM	GARBER, HAROLD	12000 Biscayne Blvd. #806		Miami, FL 33181	
100002888011--3 -05/07/99--01126--010 ****188.75 ****188.75 <i>[Signature]</i>					
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: <i>[Signature]</i>		HAROLD M. GARBER		4/26/99 (30.5) 895-0420	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER					