2nd and File on or before Sept. 29, 1999 or Limited Liability Company FINAL NOTICE: will be dissolved. FLORIDA DEPARTMENT OF STATE LIMITED LIABILITY COMPANY & Katherine Harris FILED ANNUAL REPORT Secretary of State 1999 DIVISION OF CORPORATIONS co (110 15 (11 8: 3) FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee + \$400.00 Late Fee STOREM Y GENERAL PARTY \$ 588.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE Name and Mailing Address of Limited Liability Company **DOCUMENT #** L9700000528 1a. Principal Place of Business Address MCN HOLDING, LLC 3487 BYRON LANE 3487 BYRON LANE LONGBOAT KEY FL 34228 LONGBOAT KEY FL 34228 2. Principal Place of Business 2a. Mailing Address 3. Date Organized or Qualified 3a. State of Formation 05/05/1997 FL Suite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State Not Applicable 65-0752828 5. Date of Last Report 6. Certificate of Status Desired Country S8 75 Additional Fee Required 04/29/1998 7. Name and Address of Current Registered Agent 8. Name and Address of New Registered Agent/Office Name COHEN, NORMAN Street Address (P.O. Box Number Is Not Acceptable) 3487 BYRON LANE LONGBOAT KEY FL 34228 Suite, Apt. #, etc. Zip Code City 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) 10. Title Managing Members/Managers **Business Street Address** City, State and Zip Code MGRM COHEN, NORMAN 3487 BYRON LANE LONGBOAT KEY FL MGRM HECHT, DONALD 111 WEST 40TH STREET NEW YORK NY 800002967698--0 -08/24/99--01012--014 ****188.75 ****188.75 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

timited liability company or the receiver or trustee empowered to execute this report executived by Chapter 608, Florida Statutes; and that my name appears in Block 10, or on an

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

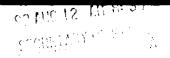
JNHSE10 R (6/99)

attachment with an address.

SIGNATURE:

Norman Cohen

3487 BYRON LANE LONGBOAT KEY FL 34228 PHONE 941,383,2116 FAX 941,383,7654 E-MAIL normo@home.com



Memo

TO:	Florida Dept Of State		9 From:	Norman	
Faxc			Pages	X	
Phone:	X		Date:	08/10/99	
Re:	Filin	g Fee	CCi	Donald Hecht	
□ Urg	ont	☐ For Review	☐ Please Comment	☐ Please Reply	☐ Please Recycle
• Com	ment	si,			
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The original place of business was 1151 NW 99th Ave Medley FI Suite2. I have closed that office, for MCN, on May 1, 1999. During the transfer, to Byron lane Longboat Key, somehow the original request was not received and I am responding immediately after receiving the 2nd notice.

I am enclosing a check for the amount of \$188.75 for the filing fee's for a Limited Liability Company.

Thankyou for your cooperation

Norman Cohen