| File on  | or before                 | a May 1              |                  |                         |               |  |   |  |  |                             |
|--|---------------------------|----------------------|------------------|-------------------------|---------------|--|---|--|--|-----------------------------|
| File on or before May 1, 100 or Limited Liability Company will be  LIMITED LIABILITY COMPANY  Sareparment of State   |                           |                      |                  |                         |               |  |   |  |  |                             |
| ANNUAL REPORT  |                           |                      |                  |                         | tary of       | STATE ORATIONS   | FILED   |  |  |                             |
| FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee   |                           |                      |                  |                         |               |  | 98 MAR 12 PM 4:00   |  |  |                             |
| \$ 188.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE  1. Name and Mailing Address of Limited Liability Company  DOCUMENT # L97000000925  |                           |                      |                  |                         |               |  | SECTION TO STATE  |  |  |                             |
| GLOBAL MUSIC NETWORK TAMPA, L.C.<br>251 WINDWARD PASSAGE<br>CLEARWATER FL 33767  |                           |                      |                  |                         |               |  | 1a. Principal Place of Business Address  251 WINDWARD PASSAGE CLEARWATER FL 33767 |  |  |                             |
| 2. Princip   | oal Place of Bus          | siness               | 2a. Mail         | 2a. Mailing Address     |               |  | 3. Date Organiz   | zed or Qualified 3a. State of Formation                    |  | of Formation                |
| Sulte, Apt. #, etc.  |                           |                      | Suite, Ap        | Suite, Apt. #, etc.     |               |  | 08/21/1<br>4. FEI Number  | 997  | 97 FL  |                             |
| City & State   |                           |                      | City & St        | City & State            |               |  | Applied   |  |  | Applied For  Not Applicable |
| Zip  | Country                   |                      | Zip              | Zip Count               |               | <u>,                                     </u>  | 5. Date of Last I   | Report   | 6. Certificate of Status Desired<br>\$8.75 Additional Fee Required |                             |
| L  | 7. Name                   | and Address of Cu    | rrent Registered | Agent                   | $\neg$        | 8. 1   | Name and Addres   | a of New Regist  | ered Agent   | VOffice                     |
| WIGGINS, ROBERT E<br>SEIN PROFESSIONAL CENTER<br>\$6402 U.S. HIGHWAY 19 NORTH<br>PALM HARBOR FL 34684  |                           |                      |                  |                         |               | Street Address (P.O. Box Number is Not Acceptable)  25   WINDWARD PASSAGE  Suite, Apt. #, etc.  Zip Code |   |  |  |                             |
| A. Director  | an sa sha mua da          |                      | 440 4 000 500    | Clear                   |               |  | WATER   | 7/2 FL 3376  |  | 767                         |
| 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 Agent Accepting Appointment (NOTE Registered Agent signature required when reinstalling  |                           |                      |                  |                         |               |  | DATE 2/24/98  |  |  |                             |
| 10. Title  | Managing Members/Managers |                      |                  | Business Street Address |               |  | City, State and Zip Code  |  |  |                             |
| MGR  | GLOBAL                    | 251 WINDWARD PASSAGE |                  |                         | CLEARWATER FL |  |   |  |  |                             |
|  |                           |                      |                  |                         | 31.           |  |   | 0002458929 4<br>-03/17/9801024003<br>****188.75 ****188.75 |  |                             |
|  |                           |                      |                  |                         |               |  |   | 3-13   |  |                             |
| 1  |                           |                      |                  |                         |               |  |   |  |  |                             |
| 11. I do hereby certify that the information supplied with this filling 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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daylime Phone #  |                           |                      |                  |                         |               |  |   |  |  |                             |