File on or before May 1, 1998 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE. LIMITED LIABILITY COMPANY FLORIDA DEPARTMENT OF STATE Sandra B. Mortham **ANNUAL REPORT** Secretary of State 1998 DIVISION OF CORPORATIONS 98 MAY 26 AM 11: 07 FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE Name and Mailing Address of Limited Liability Company DOCUMENT # L97000001257 1a. Principal Place of Business Address MADHOUSE ENTERTAINMENT GROUP, LLC 16410 DIAMOND PLACE 16410 DIAMOND PLACE WESTON FL 33331 WESTON FL 33331 2. Principal Place of Business 2a. Mailing Address 3. Date Organized or Qualified 3a. State of Formation 16410 DIAN 26 31 + Suite, Apt. #, etc Harreson Suite, Apt. #, etc. 11/07/1997 4. FEI Number Applied For Not Applicable 5. Date of Last Report 6. Certificate of Status Desired Country Country USA 58 75 Additional Fee Required 7. Name and Address of Current Registered Agent 8. Name and Address of New Registered Agent/Office MARK PACELLI SALOMON, SCOTT Street Address (P.O. Box Number is Not Acceptable) 2417 UNIVERSITY DRIVE CORAL SPRINGS FL 33065 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 acceptagent, or both, in the State of Plorida. 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 DATE 10. Title Managing Members/Managers **Business Street Address** City, State and Zip Code MGRM PACELLI, MARK 16410 DIAMOND PLACE WESTON FL MGRM SAVICK, NICHOLAS 16410 DIAMOND PLACE WESTON FL 10002545941--16501 ****188,75 ****188.75

11. Ido hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3) (i), Florida Statutes. If urther 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 reguired by Chapter 608, Florida Statutes; and that my name appears in Block 10, or on an attachment with an address.

SIGNATURE:

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

Date Daving Phone N