File on or before May 1, 1998 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE. FLORIDA DEPARTMENT DE STATE
Sandra B. Morissam LIMITED LIABILITY COMPANY FILED **ANNUAL REPORT** Secretary of State 1998 DIVISION OF CORPORATIONS 98 MAR 12 PM 4: 00 FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee \$ 188.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE Name and Mailing Address of Limited Liability Company DOCUMENT # 1a. Principal Place of Business Address GLOBAL MUSIC NETWORK MIAMI, L.C. 251 WINDWARD PASSAGE 251 WINDWARD PASSAGE CLEARWATER FL 33767 CLEARWATER FL 33767 2. Principal Place of Business 2a. Mailing Address 3. Date Organized or Qualified 3a. State of Formation 12/05/1997 4. FEI Number Suite, Apl. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 59-3452085 Not Applicable 6. Certificate of Status Desired Country S8-75-Additional Fee Regimed 7. Name and Address of Current Registered Agent 8. Name and Address of New Registered Agent/Office SAM WIGGINS, ROBERT E Street Address (P.O. Box Number Is Not Acceptable) 86402 U.S. HIGHWAY 19 NORTH SEIN PROFESSIONAL CENTER PALM HARBOR FL 34684 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. Thereby accept the appointment as registered agent, and accept the obligations. mont) (NOTE Registered Agont signature required when reinstating) SIGNATURE _ 10. Title Managing Members/Managers **Business Street Address** City, State and Zip Code MGR 251 WINDWARD PASSAGE WINER, SAM CLEARWATER FL 800002458928---03/17/98--01024--002 ****188.75 ****188.75 11. 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 truspe empowered to execute this report as required by Chapter 608, Florida Statutes; and that my hame appears in Block 10, or on an attachment with an address.

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

SIGNATURE: