
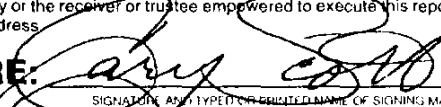


File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

LIMITED LIABILITY COMPANY ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS		FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 99 MAY 24 AM 11:41													
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 # L98000000412 KAY DEE PRODUCTIONS, LC 8606 SW 3rd ST, #103 PEMBROKE PINES, FL 33025		1a. Principal Place of Business Address 8606 SW 3rd ST #103 Pembroke Pines, FL 33025															
2. Principal Place of Business 851 80TH ST Suite, Apt. #, etc. #2 City & State Miami Beach, FL Zip 33141 Country USA		2a. Mailing Address 851 80TH ST Suite, Apt. #, etc. #2 City & State Miami Beach, FL Zip 33141 Country USA		3. Date Organized or Qualified 3-31-98 4. FEI Number 65-0836884 5. Date of Last Report 6. Certificate of Status Desired <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/> \$8.75 Additional Fee Required													
7. Name and Address of Current Registered Agent CORP AMERICA, INC 1525 SOUTH ANDREWS AVE #216 PINEBROKE PINES FL 33025			8. Name and Address of New Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City FL Zip Code 33141														
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 reappointing)			DATE _____														
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 10%;">10. Title</th> <th style="width: 30%;">Managing Members/Managers</th> <th style="width: 30%;">Business Street Address</th> <th style="width: 30%;">City, State and Zip Code</th> </tr> </thead> <tbody> <tr> <td>MEMBER</td> <td>GARY SCOTT</td> <td>851 80TH ST #2</td> <td>MIAMI BEACH, FL 33141</td> </tr> <tr> <td>MEMBER</td> <td>KAREN SCOTT</td> <td>851 80TH ST #2</td> <td>MIAMI BEACH, FL 33141</td> </tr> </tbody> </table>						10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code	MEMBER	GARY SCOTT	851 80TH ST #2	MIAMI BEACH, FL 33141	MEMBER	KAREN SCOTT	851 80TH ST #2	MIAMI BEACH, FL 33141
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700002892427 -06/02/99--01046--004 ****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 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: 			5-19-99 305-867-4306														