


**2<sup>nd</sup> and FINAL NOTICE:** File on or before Sept. 29, 1999 or Limited Liability Company will be dissolved.

LIMITED LIABILITY COMPANY ANNUAL REPORT 1999	 FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**FILED** *7/22*  
 99 JUL 19 AM 11:48

<b>FILING FEE</b> \$ 588.75	Annual Report \$100.00 + \$98.75 Corporation Supplemental Fee + \$400.00 Late Fee <b>Make Check Payable To: FLORIDA DEPARTMENT OF STATE</b>
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STATE OF FLORIDA  
 TAXATION

1. Name and Mailing Address of Limited Liability Company  
**DOCUMENT #** L98000001071

**MEGAPOP, L.C.**  
**C/O KEITH MACK LLP**  
**200 SOUTH BISCAYNE BOULEVARD, 20TH FLOOR**  
**MIAMI FL 33131-2310**

1a. Principal Place of Business Address

**C/O KEITH MACK LLP**  
**200 SOUTH BISCAYNE BOULEVARD**  
**MIAMI FL 33131**

2. Principal Place of Business		2a. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

3. Date Organized or Qualified	3a. State of Formation
07/14/1998	FL
4. FEI Number	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
65-0883110	
5. Date of Last Report	6. Certificate of Status Desired
	\$8.75 Additional Fee Required <input type="checkbox"/>

7. Name and Address of Current Registered Agent

**ROSSZ FIU CORPORATIO, N**  
**200 SOUTH BISCAYNE BOULEVARD, 20TH F**  
**MIAMI FL 33131**

8. Name and Address of New Registered Agent/Office

Name

Street Address (P.O. Box Number is Not Acceptable)  
**800002950538**

Suite, Apt. #, etc. **-08/04/99--01072--009**

City **FL** 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 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 \_\_\_\_\_ DATE \_\_\_\_\_  
(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)

10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGR	LOPEZ, MARIA E	200 SOUTH BISCAYNE BOULEVA	MIAMI FL

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:** *[Signature]* **Maria E. Lopez, Manager** 7/12/99 305 371 4536

SIGNATURE AND TYPE: ON PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER