_	D LIABILIT ANNUAL R 199			CORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS		99 MAY -3 AM 8: 1,4			
FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee \$ 188.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE							TALLY AND L'EL DRIDA		
1 Name and Mailing Address of Limited Liability Company DOCUMENT # L98000002672 CEA TOWER INVESTORS, L.L.C. 101 EAST KENNEDY BOULEVARD, SUITE 3300 TAMPA FL 33602							1a. Principal Place of Business Address 101 EAST KENNEDY BOULEVARD, TAMPA FL 33602		
2 Princip	al Place of Bus	iness	ng Address			3. Date Organized or Qualified 3a. State of Formation			
Suite, Apt. #, etc. Suite, Ap				1. #, etc.			11/12/1998 FL 4. FEI Number		
City & State City & S			City & St	tate			59.35		<i>'</i>
Ζιρ		Country	Zip		Count	ry	5. Date of Last R	ероп	6. Certificate of Status Desire 58.75 Additional Fee Required
	7. Name	and Address of Currer	t Registered	Agent		8. Name	Name and Address	of New Regis	tered Agent/Office
101 TAMP	A FL 33	NNEDY BOULI	and 608.508				-05/11/9301067019 ****188.75 ****188.75 Zip Code FL submits this statement for the purpose of changing		
as registe	red agent, and	accept the obligations.	ie dtate of Fig	niga. Oben enang	je was a	amonzed by amma			s Thereby accept the appointme
SIGNATU	· ·		NoTE: Registered Age	off. Registered Agent signature regime Living Teach it can					
10. Title Managing Members/Managers			<u> </u>	Business Street Address			City	State and Zip Code	
MGRM MEDIATEL INVESTMENTS,			29 COMMONWEALTH AVENUE			/ENUE	BOSTON MA		
MGRM	MGRM CEA INVESTORS, INC.			101 EAST KENNEDY BOULEVAR			BOULEVARD	TAMPA FL	
MGRM	MACCRORY, TOM			1380 EAVES SPRING ROAD			ROAD	MALVERN PA	
MGRM	GRM SWEENEY, BRIAN			1304 NORTH TULIP DRIVE			WEST CHESTER PA		
MGRM	MGRM JOHNSON, ROBERT W IV			630 FIFTH AVENUE, SUITE 1			NEW YORK NY		
MARK	BOCKMO	RKER, INC.		2900 W	EST	PARK ROM	, SUITE	ARLING	этон тх

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 required by Chapter 608, Florida Statutes; and that my name appears in Block 10, or on an attachment with an address.

SIGNATURE: Person Pollock Williams Co Sciences Marked Developed April 25, 1999 8/3:226-88449

INHSE10 R (12-98)