
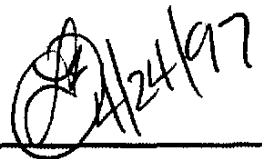



**FILE NOW: Fee after May 1, will be \$588.75**

<b>LIMITED LIABILITY COMPANY ANNUAL REPORT 1997</b>		 <b>FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS</b>	<b>FILED</b>  <b>97 APR 22 AM 9: 06</b>  <b>SECRETARY OF STATE TALLAHASSEE, FLORIDA</b>	
<b>FILING FEE</b> <b>\$ 203.75</b>		<b>Annual Report \$100.00 + \$103.75 Corporation Supplemental Fee</b> <b>Make Check Payable To: FLORIDA DEPARTMENT OF STATE</b>		
<b>1. Name and Mailing Address of Limited Liability Company</b>  <b>MARKET COMMUNICATIONS GROUP, L.L.C., L.C.</b> <b>8610 NW 107TH TERRACE</b> <b>KANSAS CITY MO 64153</b>		<b>DOCUMENT #</b> M95000000236		
<small>If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a.</small>				
<b>2. Principal Place of Business</b>  Suite, Apt. #, etc.  City & State  Zip      Country		<b>2a. Mailing Address</b>  P.O. Box 7305  Suite, Apt. #, etc.  Dept. 54 City & State Kansas City, MO  Zip      Country 64116-0005      USA		<b>3. Date Organized or Qualified</b> 08/10/1995  <b>4. FEI Number</b> 43-1675799  <b>5. Date of Last Report</b> 02/26/1996
		<b>3a. State of Formation</b> DE  <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable		<b>6. Certificate of Status Desired</b> <input checked="" type="checkbox"/> <b>SR To Additional Fee Required</b>
<b>7. Name and Address of Current Registered Agent</b>  C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND RD. PLANTATION FL 33324		<b>8. Name and Address of New Registered Agent</b>  Name 0000002158590-6 Street Address (P.O. Box Number is Not Acceptable) 8610 NW 107TH TERRACE ****203.75      ****203.75 Suite, Apt. #, etc.  City      Zip Code <b>FL</b>		
<b>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.</b>				
SIGNATURE _____ DATE _____ <small>(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when renewing)</small>				
<b>10. Title</b>	<b>Managing Members/Managers</b>	<b>Business Street Address</b>		<b>City, State and Zip Code</b>
MGR	WEAVER, RICHARD H	R.R. 2, BOX 162EE		PLATTSBURG MO
MGR	NUNN, KENT G.	3315 N. OAK TRAFFICWAY		KANSAS CITY, MO 64116
MGR	CLEBERG, H.D.	3315 N. OAK TRAFFICWAY		KANSAS CITY, MO 64116
MGR	BERARDI, JOHN F.	3315 N. OAK TRAFFICWAY		KANSAS CITY, MO 64116
MGR	DUNN, SARAH	3315 N. OAK TRAFFICWAY		KANSAS CITY, MO 64116
MGR	MARON, JEFFREY	3315 N. OAK TRAFFICWAY		KANSAS CITY, MO 64116
MGR	NAPTHAL, HOWARD	3315 N. OAK TRAFFICWAY		KANSAS CITY, MO 64116
				
<b>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.</b>				
<b>SIGNATURE:</b> 		<b>Kent G. Nunn, Manager</b>		<b>4-15-97      816/459-5137</b>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER</small>		<small>Date</small>		<small>Daytime Phone #</small>