2nd and File on or before Sept. 30, 1998 or Limited Liability Company will be FINAL NOTICE: dissolved. If dissolved, minimum amount due to reinstate: \$688.75

LIMITED LIABILITY COMPANY FLORIDA DEPARTMENT OF STATE



FILED STATE

ANNUAL REPORT 1998	DIV	Sandra B. Mo Secretary of ISION OF CORE	State			pm 2: 46
FILING FEE Annual Report \$100.00 + \$88 \$ 588.75 Make Check Payable 1. Name and Mailing Address of Limited Liability Company		DEPARTMENT	OF STATE			
MAJOR LEAGUE SOCCER, L.L.C. 110 EAST 42ND STREET., #1000 NEW YORK NY 10017				1a. Principal Place of Business Address 110 EAST 42ND STREET., #1000 NEW YORK NY 10017		
2. Principal Place of Business 2a. Mailin		g Address		3. Date Organized or Qualified		3a. State of Formation
Suite, Apt. #, etc. Suite, Apt		. #, etc.		11/01/1995 4. FEI Number		DE
City & State City & Sta		te				Applied For
	7	County		95-4541325 5. Date of Last Report		Not Applicable 6. Certificate of Status Desired
Zip Country	Zip	Countr	у	10/09/1	997	58.75 Additional Fee Bequired
7. Name and Address of Currer	t Registered Agen					tered AgenVOffice
	TE 105	Street Address (P.O. Box Number is Not Acceptable) Sulte, Apt. #, etc08/05/3801122003 ****588.75 ****588.75 City FL Trida Statutes, the above-named limited liability company submits this statement for the purpose of changin Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment				
SIGNATURE						
10. Title Managing Members/Managers		Business Street Address			City,	State and Zip Code
MGRN EMPIRE SOCCER CLUB, L. 215 EA MGRN KRAFT SOCCER, L.P. ONE BO MGRN LOS ANGELES SOCCER PAR 11625 MGRN TEAM COLUMBUS SOCCER, 77 NAT			67TH STRI N PLACE, AGA LANE WIDE BLVI	55TH FLO	NEW YOU BOSTON LOS AN	ORK NY I MA IGELES CA
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11. Ldo 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 hability 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: