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

LIMITED LIABILITY COMPANY FLORIDA DEPARTMENT OF STATE Sandra B. Mortham ANNUAL REPORT Secretary of State 1997 97 FEB 17 AM 10: 11 DIVISION OF CORPORATIONS **FILING FEE** Annual Report \$100.00 + \$103.75 Corporation Supplemental Fee SECRETARY OF STATE TALLAHASSEE, FLORIDA \$ 203.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE Name and Mailing Address of Limited Liability Company **DOCUMENT #**M96000000247 SPORTSCHANNEL FLORIDA HOLDING COMPANY L.I. 1a. Principal Place of Business Address 150 CROSSWAYS PARK WEST 150 CROSSWAYS PARK WEST WOODBURY NY 11797 WOODBURY NY 11797 If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a 2 Principal Place of Business 2a. Mailing Address 3. Date Organized or Qualified 3a. State of Formation c/o Corporate Paralegal 07/11/1996 ÞΕ Suite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number Applied For 11-3329285 l Media Crossways City & State City & State APPLIED FOR Not Applicable Woodbury, NY 11797 5. Date of Last Report 6. Certificate of Status Desired Country 8-75 Add-honal Fee Beguired 11797 USA 7. Name and Address of Current Registered Agent 8. Name and Address of New Registered Agent Name THE PRENTICE-HALL CORFORATION SYSTEM, 1201 HAYS STREET Street Address (P.O. Box Number is Not Acceptable) SULTE 105 TALLAHASSEE EL 32301 Suite, Apt. #, etc. City 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 **Business Street Address** City, State and Zip Code Managing Members/Managers MGR. RAINBOW PROGRAMMING HO 150 CROSSWAYS PARK WEST WOODBURY NY 200002091792--6 -02/19/97--01049--007 ****203.75 ****203.75

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGERU INHSE10 R(12-96)

attachment with an address. SIGNATURE: