
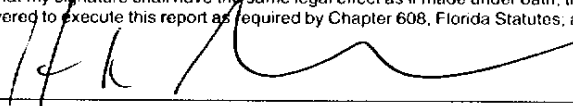


File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

LIMITED LIABILITY COMPANY ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS	
<b>FILING FEE</b> \$ 188.75		<b>Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee</b> Make Check Payable To: FLORIDA DEPARTMENT OF STATE	
1. Name and Mailing Address of Limited Liability Company <b>DOCUMENT # M96000000247</b> <b>SPORTSCHANNEL FLORIDA HOLDING COMPANY L.L.C.</b> <b>C/O CORPORATE PARALEGAL</b> <b>1-MEDIA CROSSWAYS-</b> <b>WOODBURY NY 11797-</b>		1a. Principal Place of Business Address <b>150 CROSSWAYS PARK WEST</b> <b>WOODBURY NY 11797</b>	
2. Principal Place of Business <b>1111 Stewart Ave</b> Suite, Apt. #, etc.	2a. Mailing Address <b>1111 Stewart Ave</b> Suite, Apt. #, etc.	3. Date Organized or Qualified <b>07/11/1996</b>	3a. State of Formation <b>DE</b>
City & State <b>Bethpage NY</b>	City & State <b>Bethpage NY</b>	4. FEI Number <b>11-3329285</b>	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
Zip <b>11714</b>	Country <b>USA</b>	5. Date of Last Report <b>04/27/1998</b>	6. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required <input type="checkbox"/>
7. Name and Address of Current Registered Agent <b>THE PRENTICE-HALL CORPORATION SYSTEM,</b> <b>1201 HAYS STREET</b> <b>SUITE 105</b> <b>TALLAHASSEE FL 32301</b>		8. Name and Address of New Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City <b>FL</b> 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 _____ (Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when instituting)		DATE _____	
10. Title <b>MGR</b>	Managing Members/Managers <b>REGIONAL PROGRAMMING P</b>	Business Street Address <b>150 CROSSWAYS PARK WEST</b> <b>1111 Stewart Ave</b>	City, State and Zip Code <b>WOODBURY NY</b> <b>Bethpage NY</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.			
SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER			
Date: <b>VS</b> Daytime Phone #			