


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

APPROVED
AND
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1997 MAR -3 PM 3:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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FILING FEE \$ 203.75	Annual Report \$100.00 + \$103.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE
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1. Name and Mailing Address of Limited Liability Company THE NETSHOW COMPANY, LLC 260 W. DEARBORNE STREET ENGLEWOOD FL 34224	DOCUMENT #M96000000250
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1a. Principal Place of Business Address 260 W. DEARBORNE STREET ENGLEWOOD FL 34224

2. Principal Place of Business SAME	2a. Mailing Address	3. Date Organized or Qualified 07/10/1996	3a. State of Formation DE
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number 65-0663660	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
City & State	City & State	APPLIED FOR	
Zip	Country	5. Date of Last Report	6. Certificate of Status Desired \$8.75 Additional Fee Required <input type="checkbox"/>

7. Name and Address of Current Registered Agent KELLEY, WHITMORE B 260 W. DEARBORNE STREET ENGLEWOOD FL 34224	8. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City FL Zip Code
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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	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGR	JOHNSON, DON	3400 RIVERSIDE DRIVE, SUIT	BURBANK CA
MGR	GRANIRER, MARC S	3400 RIVERSIDE DRIVE, SUIT	BURBANK CA
MGR	KELLEY, WHITMORE B	260 W. DEARBORNE STREET	ENGLEWOOD FL

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[Handwritten signature]

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: *[Handwritten signature]* **2/25/97** **(941) 496-9642**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #