

File on or before May 1, 1998 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

LIMITED LIABILITY COMPANY  
ANNUAL REPORT  
1998



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

98 MAY 27 PM 4:30

**FILING FEE** Annual Report \$100.00 + \$68.75 Corporation Supplemental Fee  
**\$ 188.75** Make Check Payable To: FLORIDA DEPARTMENT OF STATE

1. Name and Mailing Address  
of Limited Liability Company

**DOCUMENT #** *m9600000250*

**THE NETSHOW COMPANY, LLC**  
**C/O GELFAND, RENNERT & FELDMAN**  
**1880 CENTURY PARK EAST, SUITE # 1600**  
**LOS ANGELES, CA 90067**

1a. Principal Place of Business Address

**260 W. DEARBORNE STREET**  
**ENGLEWOOD, FL 34224**

2. Principal Place of Business

**SAME AS 1A.**

Suite, Apt. #, etc.

City & State

Zip

Country

2a. Mailing Address

**1880 CENTURY PARK E.**

Suite, Apt. #, etc.

**SUITE 1600**

City & State

**LOS ANGELES, CA**

Zip

**90067**

Country

3. Date Organized or Qualified

**07/10/96**

3a. State of Formation

**DELAWARE**

4. FEI Number

**65-0663660**

☐ Applied For

☐ Not Applicable

5. Date of Last Report

**02/13/97**

6. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

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/Office

Name

Street Address (P.O. Box Number is Not Acceptable)

**900002546009--9**

Suite, Apt. #, etc.

**06/03/98 01053 019**  
**\*\*\*\*188.75 \*\*\*\*188.75**

City

**FL**

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: Expired Agent signature required when reinstating)

10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGR	<b>JOHNSON, DON</b>	<b>3400 RIVERSIDE DR., #100</b>	<b>BURBANK, CA 91505</b>
MGR	<b>GRANIER, MARC S</b>	<b>3400 RIVERSIDE DR., #100</b>	<b>BURBANK, CA 91505</b>
MGR	<b>KELLEY, WHITMORE B</b>	<b>260 W. DEARBORNE STREET</b>	<b>ENGLEWOOD, FL 34224</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

Daytime Phone #

*4-20-98*