File on or before May 1, 1998 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE. FILED SECRETARY OF STATE DIVISION OF A COMPLETIONS LIMITED LIABILITY COMPANY FLORIDA DEPARTMENT OF STATE Sandra B. Mortham ANNUAL REPORT Secretary of State 1998 **DIVISION OF CORPORATIONS** 98 MAR 30 PM 2: 02 FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee \$ 188.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE Name and Mailing Address of Limited Liability Company **DOCUMENT #** M96000000394 1a. Principal Place of Business Address VALUET COMMUNICATIONS, LLC 111 EIGHTH AVENUE, SUITE 1506-A 111 EIGHTH AVENUE, SUITE 150 NEW YORK CITY NY 10013 NEW YORK CITY NY 10013 2. Principal Place of Business 2a. Malling Address 3. Date Organized or Qualified 3a. State of Formation 10/10/1996 4. FEI Number NY Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State Not Applicable 13-3849964 5. Date of Last Report 6. Certificate of Status Desired Zip Country Country \$8.75 Additional Fee Required 8. Name and Address of New Registered Agent/Office 7. Name and Address of Current Registered Agent C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 <del>200002480912</del> -04/07/98--01044--022 Sulte, Apt. #, etc. \*\*\*\* 100 70 20 Code City 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 reinstaling) 10. Title Managing Members/Managers **Business Street Address** City, State and Zip Code MGR **VA**LENZUELA, PAUL 111 EIGHTH AVENUE, SUITE 1 NEW YORK CITY NY MGR <del>Santos, Michael</del> no longer va 11. Ido 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 TYPES OF PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

President

attachment with an address. SIGNATURE:

212-367-8000 Date Daytinio Phone 4