

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

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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<b>FILING FEE</b> \$ 203.75	Annual Report \$100.00 + \$103.75 Corporation Supplemental Fee <b>Make Check Payable To: FLORIDA DEPARTMENT OF STATE</b>
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1. Name and Mailing Address of Limited Liability Company **DOCUMENT # M96000000525**

ALTER-ENTERTAINMENT, L.L.C.  
3801 W. HILLSBORO BLVD., #B-102  
COCONUT CREEK FL 33073

1a. Principal Place of Business Address

3801 W. HILLSBORO BLVD., #B-1  
COCONUT CREEK FL 33073

If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a.

2. Principal Place of Business 3801 W. Hillsboro Blvd #B-102		2a. Mailing Address		3. Date Organized or Qualified 12/13/1996		3a. State of Formation NJ	
Suite, Apt. #, etc. B-102		Suite, Apt. #, etc.		4. FEI Number 22-336 4708		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
City & State Coconut Creek, Florida		City & State		5. Date of Last Report		6. Certificate of Status Desired \$8.75 Additional Fee Required <input type="checkbox"/>	
Zip 33073		Country Broward		Country			

7. Name and Address of Current Registered Agent ALTERMAN, ERIC D 3801 W. HILLSBORO BLVD., #B-102 COCONUT CREEK FL 33073		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
MGRM	ALTERMAN, ERIC D	3801 W. HILLSBORO BLVD., #	COCONUT CREEK FL
			200002080852--1 -02/06/97--01134--018 ****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 attachment with an address.

SIGNATURE:  ERIC D. ALTERMAN 2-3-96 954 705-6462  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #