File on or before May 1, 1998 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE FLORIDA DEPARTMENT OF STATE LIMITED LIABILITY COMPANY FILED Sandra B. Mortham ANNUAL REPORT Secretary of State 1998 **DIVISION OF CORPORATIONS** 98 APR 10 AM 10: 23 FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee SECRETARY OF STATE TALLAHASSEE. FLORIDA Make Check Payable To: FLORIDA DEPARTMENT OF STATE Name and Malling Address of Limited Liability Company **DOCUMENT # M97000000081** 1a. Principal Place of Business Address DIAMOND P SPORTS, LLC 9675 FOURTH-STREET NORTH 9675 FOURTH STREET NORTH ST. PETERSBURG FL 33702 ST. PETERSBURG FL 33702 2. Principal Place of Business 14375 MYERLAKE CIRCLE 2a. Mailing Address HE 3. Date Organized or Qualified 3a. State of Formation 02/21/1997 DE Suite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State 41-1859885 Not Applicable CLEARWATER, FL 5. Date of Last Report 6. Certificate of Status Desired Country Systy Medd <del>3</del>3760 \$8.75 Additional Fee Required 7. Name and Address of Current Registered Agent 8. Name and Address of New Registered Agent/Office Name CT CORPORATION SYSTEM C/O CT CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND RD. PLANTATION FL 33324 Sulte, Apt. #, etc. City 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 Approximent) (NOTE: Registered Agent signature required when reinstating) 10, Title Managing Members/Managers **Business Street Address** City, State and Zip Code MGRM HUBBARD BROADCASTING, 3415 UNIVERSITY AVENUE ST. PAUL MN 000002488020--5 -04/14/98--01053--017 \*\*\*\*188.75 \*\*\*\*188.75 APR 1 3 1998

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 screen the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiptor of trustee empowered, 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:

SIGNATURIT (41) TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

04/01/98 813530-5000 Daytime Phone #