

2<sup>nd</sup> and  
**FINAL NOTICE:** File on or before Sept. 30, 1998 or Limited Liability Company will be dissolved. If dissolved, minimum amount due to reinstate: \$688.75

LIMITED LIABILITY COMPANY ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
--	---	---

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

98 SEP 16 AM 11:03

<b>FILING FEE</b> \$ 588.75	Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee + \$400.00 Late Fee <b>Make Check Payable To: FLORIDA DEPARTMENT OF STATE</b>
--------------------------------	--

1. Name and Mailing Address of Limited Liability Company	<b>DOCUMENT #</b> M97000000137
POST MAGIK PRODUCTIONS, LLC 2150 CORAL WAY MIAMI FL 33145	

1a. Principal Place of Business Address
2150 CORAL WAY MIAMI FL 33145

2. Principal Place of Business	2a. Mailing Address
2150 Coral Way Suite, Apt. #, etc. SB	2150 Coral Way Suite, Apt. #, etc. SB
City & State Miami, FL	City & State Miami, FL
Zip 33145	Zip 33145
Country USA	Country USA

3. Date Organized or Qualified	3a. State of Formation
03/17/1997	NY
4. FEI Number	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
B016-1520963	
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
MORANDO, DANIEL A 2150 CORAL WAY MIAMI FL 33145

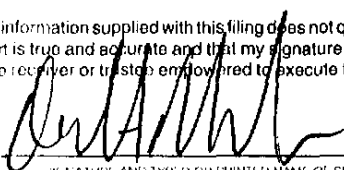
8. Name and Address of New Registered Agent/Office
Name
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, etc.
City
Zip Code
FL

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	MORANDO, DANIEL A	2150 CORAL WAY	MIAMI FL
			800002643379--8 -09/18/98--01066--001 ****588.75 ****588.75

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:  7/21 305 859-8496  
SIGNATURE AND TYPE-PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #