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 98 !!AY -1 PI 14: 09 1998 DIVISION OF CORPORATIONS FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee SECRETARY OF STATE TALL ALCEC E. FLOETDA \$ 188.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE Name and Mailing Address
of Limited Liability Company **DOCUMENT #** M9700000170 1a. Principal Place of Business Address O2 PRODUCTIONS, L.L.C. 4016 ALTAMONT ROAD 4016 ALTAMONT ROAD **BIRMINGHAM AL 35213** BIRMINGHAM AL 35213 2. Principal Place of Business 2a. Mailing Address 3. Date Organized or Qualified | 3a. State of Formation 04/08/1997 4. FEI Number Sulte, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State Not Applicable 6. Certificate of Status Desired Zip Country Zip Country \$8.75 Additional Fee Required 7. Name and Address of Current Registered Agent 8. Name and Address of New Registered Agent/Office Name ANDERSON, SHAWNA Street Address (P.O. Box Number is Not Acceptable) 1652 SPRING TIME LOOP WINTER PARK FL 32792 Suite, Apt. #, etc. Zip Code . 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 Approintment) (NOTE Registered Agent signature required when reinstating) Managing Members/Managers 10. Title **Business Street Address** City, State and Zlp Code MGRM MORRIS, R. STAN 4016 ALTAMONT ROAD BIRMINGHAM AL MGRM ANDERSON, SHAWNA 1652 SPRING TIME LOOP WINTER PARK FL 200002515912--8 -05/07/98--01103--003 *****188.75 ****188.75 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 ampowered to execute this report as required by Chapter 608, Florida Statutes; and that my name appears in Block 10, or on an

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

attachment with an address.
SIGNATURE: