



File on or before May 1, 1998 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

<b>LIMITED LIABILITY COMPANY</b> <b>ANNUAL REPORT</b> <b>1998</b>		 <b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS	
<b>FILING FEE</b> Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee <b>\$ 188.75</b> Make Check Payable To: FLORIDA DEPARTMENT OF STATE			
1. Name and Mailing Address of Limited Liability Company <b>NEW CONCEPT COMMUNICATIONS, LLC</b> <b>1421 STATE STREET, SUITE C</b> <b>SANTA BARBARA CA 93101</b>		<b>DOCUMENT # M97000000183</b>	
2. Principal Place of Business <b>1421 State St.</b> Suite, Apt. #, etc. <b>Suite C</b> City & State <b>Santa Barbara CA 93101</b> Zip <b>93101</b> Country <b>SB</b>		3a. State of Formation <b>CA</b>	
2a. Mailing Address <b>1421 State St.</b> Suite, Apt. #, etc. <b>Suite C</b> City & State <b>Santa Barbara CA 93101</b> Zip <b>93101</b> Country <b>SB</b>		3. Date Organized or Qualified <b>04/14/1997</b>	
		4. FEI Number <b>77-0446382</b>	
		5. Date of Last Report	
		6. Certificate of Status Desired <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/> SB 75 Additional Fee Required	
7. Name and Address of Current Registered Agent <b>CORPORATION SERVICE , COMPANY</b> <b>1201 HAYS STREET</b> <b>TALLAHASSEE FL 32301</b>		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	
		<b>700002482227-5</b> <b>-04/08/98-01023--025</b> <b>****188.75 ****188.75</b> <b>FL</b>	
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	HUNTER, CHRISTIAN	169 EL SUENO ROAD	SANTA BARBARA CA
MGR	ADAMS, THOMAS R III	29-B SOUTH SOLEDAD	SANTA BARBARA CA
MGR	DUBROW, MICHAEL	25 MONTE VISTA LANE	SANTA BARBARA CA
			

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:**  **3/13/98** **205 957 1423** **EX 107**  
SIGNATURE AND PRINTED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #