
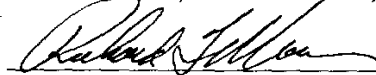


File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

LIMITED LIABILITY COMPANY ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS		FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 99 MAR 11 PM 1:10	
FILING FEE \$ 188.75		Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE			
1. Name and Mailing Address of Limited Liability Company DOCUMENT # M97000000413 PRESS COMMUNICATIONS, LLC 1350 CAMPUS PKWY, SUITE 106 WALL NJ 07753		1a. Principal Place of Business Address 1350 CAMPUS PKWY, SUITE 106 WALL NJ 07753			
2. Principal Place of Business 31 SKYLINE DRIVE Suite, Apt. #, etc.		2a. Mailing Address 31 SKYLINE DRIVE Suite, Apt. #, etc.		3. Date Organized or Qualified 07/11/1997	
City & State LAKE MARY FL 32746		City & State LAKE MARY FL 32746		3a. State of Formation DE	
Zip 32746		Country USA		4. FEI Number 22-3523278	
				<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
				5. Date of Last Report 03/09/1998	
				6. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
7. Name and Address of Current Registered Agent LASS, MARK D 602 COURTLAND STREET, SUITE 200 ORLANDO FL 32804 31 SKYLINE DRIVE LAKE MARY FL 32746			8. Name and Address of New Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) 31 SKYLINE DRIVE Suite, Apt. #, etc. City LAKE MARY FL 32746		
9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company admits 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, and the company appoints as registered agent, and accept the obligations.					
SIGNATURE _____ <small>(Registered Agent Accepting Appointment) (If Not, Registered Agent's signature required with term of office)</small>			DATE _____		
10. Title	Managing Members/Managers	Business Street Address		City, State and Zip Code	
MGR	COLANTONI, ALFRED	1350 CAMPUS PKWY, SUITE 106		WALL NJ	
MGR	LASS, MARK D	1350 CAMPUS PKWY, SUITE 106		WALL NJ	
MGR	PLANGERE, JULES L III	1350 CAMPUS PKWY, SUITE 106		WALL NJ	
MGR	MCALLAN, ROBERT	1350 CAMPUS PKWY, SUITE 106		WALL NJ	
MGR	MORENA, RICHARD T.	1350 CAMPUS PKWY SUITE 106		WALL, NJ	
000002805980--B -03/15/99--01103--002 ****188.75 ****188.75					
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: 					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER RICHARD T. MORENA					