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 APR -6 PM 1:31 FILING FEE | Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE Name and Mailing Address of Limited Liability Company **DOCUMENT # M98000000127** 1a. Principal Place of Business Address NEW-U TELEVISION LLC 100 UNIVERSAL CITY PLAZA 100 UNIVERSAL CITY PLAZA UNIVERSAL CITY CA 91608 UNIVERSAL CITY CA 91608 3. Date Organized or Qualified 3a. State of Formation 2 Principal Place of Business 2a. Mailing Address 02/11/1998 DE Suite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number Applied For 58-2370631 City & State City & State APPLIED FOR Not Applicable 5. Date of Last Report 6. Certificate of Status Desired Country Country Zφ Zıp \$8.75 Additional Fee Required B. Name and Address of New Registered Agent/Office 7. Name and Address of Current Registered Agent FF \$178,75 C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD <u>ของกุบัสิย์ลรลยส</u> PLANTATION FL 33324 --113/31/99---(11(152- Suite, Apt. #, etc. *****198.75 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 purpositions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpositions. 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. Thereby accept the appointment as registered agent, and accept the obligations. DATE _ SIGNATURE (Registered Agent Accepting Appointment): (NOT): Registered Agent signature required who inevent it up City, State and Zip Code Managing Members/Managers **Business Street Address** 10. Title 100 UNIVERSAL CITY PLAZA UNIVERSAL CITY CA MGRM LEFFLER, MELISSA

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. If urther 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 register 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:

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