File on c	or before May 1, 1999 or Li to a \$ 400.00 LATE FEE.	imited	Liability	Com	oany will b	e				
LIMITED LIABILITY COMPANY ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS						DIVISI	FILED SECRETARY OF STATE DIVISION OF CORPORATIONS			
FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee \$ 188.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE						≣្ 99 J	99 JUN 14 AM 9: 35			
1. Name a of Limit MVX	75 Make Check Payable To: and Mailing Address ed Llability Company Communications, LL Rowland Way, Suite ato, CA 94945	ENT C			OCCOCCS		Place of Business /	Address	-	
2 Principal Place of Business 2a. Mailing Address						3. Date Organized or Qualified 3a. State of Formation				
						1	1/20/98		Nevada	
Suite, Apt.		Suite, Apt. #, etc. City & State					4. FEI Number 94-3291687		Applied For Not Applicable	
Zip Country		Zip Country			5. Date of t		ast Report	6. Certifica	ite of Status Desired	
Zip	Country	ZΨ		Courin	у			S8 75 Addite	ona: Fee Beguned	
	7. Name and Address of Current Re	gistered A	gent		Name	. Name and Add	dress of New Regis	tered Agent	/Office	
Q. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmat as registered agent, and accept the obligations.						ed liability compa native vote of a m	stive vote of a majority of the members. I hereby accept the appointment			
SIGNATURE [Registered Agent Accepting Appointment] (NOTE Registered Agent signature required when reinstating										
10. Title	Ed Brinskele	Managing Members/Managers			nd Way,			, State and Zip Code		
Mgr		}			nd Way, nd Way,		Novato	-		
Mgr		}			· -		Novato	-	94945	
_	Ronald Weiser 100 Rowla Ronald Weiser 100 Rowla						Novato	•	94945 94945	
•						5	500002 -06/2 ****	915 4/990 188.75	0153 01109006 ****188.75	
•							AL ,	JUN 2	1999/	
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: 5 14 91 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBIER OR MANAGER Date: Date: Dayling Phone										

INHSE10 R (12-98)