
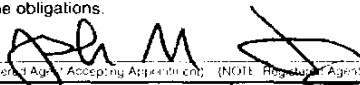
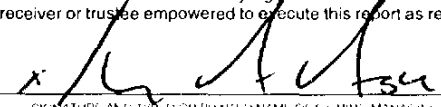


File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

| | | | | | |
|--|---------------------------|---|--|--|--|
| LIMITED LIABILITY COMPANY ANNUAL REPORT 1999 | |  | | FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS | |
| 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 # M98000000472 | | | |
| PETRACOM MEDIA, LLC 1527 NORTH DALE MABRY HIGHWAY, SUITE 105 LUTZ FL 33549 | | 1a. Principal Place of Business Address 1527 NORTH DALE MABRY HIGHWA LUTZ FL 33549 | | | |
| 2. Principal Place of Business | | 2a. Mailing Address | | 3. Date Organized or Qualified | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | 05/13/1998 | |
| City & State | | City & State | | 3a. State of Formation | |
| Zip | | Zip | | DE | |
| Country | | Country | | 4. FEI Number | |
| | | | | 59-3509406 | |
| | | | | <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable | |
| | | | | 5. Date of Last Report | |
| | | | | 6. Certificate of Status Desired | |
| | | | | <input checked="" type="checkbox"/> \$8.75 Additional Fee Required | |
| 7. Name and Address of Current Registered Agent | | | | 8. Name and Address of New Registered Agent/Office | |
| C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 | | | | Name Joseph M. Fry | |
| | | | | Street Address (P.O. Box Number is Not Acceptable) 1527 North Dale Mabry Highway | |
| | | | | Suite, Apt. #, etc. Suite 105 | |
| | | | | City Lutz | |
| | | | | Zip Code FL 33549-3031 | |
| 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 2/17/99 | |
| (Registered Agent Accepting Appointment) (NOTE: Registered Agent's signature required when new change) | | | | | |
| 10. Title | Managing Members/Managers | Business Street Address | | City, State and Zip Code | |
| MGRM | ASH, HENRY A | 1527 NORTH DALE MABRY HIGH SUITE 105 | | LUTZ FL 33549 | |
| 500002802755-00 -03/11/99--01080--012 ****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:  | | Henry A. Ash | | 02/17/99 (813) 948-2554 | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SUBPREGMANAGER OR MEMBER OR MANAGER | | | | | |