
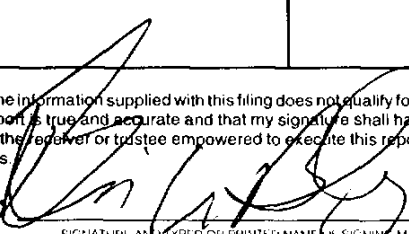


File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

<b>LIMITED LIABILITY COMPANY</b> <b>ANNUAL REPORT</b> <b>1999</b>		 <b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS		FILED MAY -3 PM 5:00 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
<b>FILING FEE \$ 188.75</b>		<b>Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee</b> <b>Make Check Payable To: FLORIDA DEPARTMENT OF STATE</b>			
1. Name and Mailing Address of Limited Liability Company <b>DOCUMENT # M98000000716</b>  <b>D.B.R. COMMUNICATIONS, LLC</b> <del>12200 E. BRIARWOOD AVENUE, #280</del> <b>ENGLEWOOD CO 80112</b>		1a. Principal Place of Business Address <del>12200 E. BRIARWOOD AVENUE, #</del> <b>ENGLEWOOD CO 80112</b>			
2. Principal Place of Business <b>6767 S. Spruce #100</b> Suite, Apt. #, etc. City & State Zip Country		2a. Mailing Address <b>P.O. Box 4433</b> Suite, Apt. #, etc. City & State Zip Country		3. Date Organized or Qualified <b>07/06/1998</b> 4. FEI Number <b>84-1440445</b> 5. Date of Last Report	
				3a. State of Formation <b>CO</b> <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable 6. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 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 <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 _____ <small>(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reappointing)</small>					
10. Title	Managing Members/Managers	Business Street Address		City, State and Zip Code	
MGRM	COTNER, ROBERT C	<del>12200 E. BRIARWOOD AVENUE,</del>		ENGLEWOOD CO	
MGRM	SPICER, DAVID K	<del>12200 E. BRIARWOOD AVENUE,</del>		ENGLEWOOD CO	
MGRM	BLOMBERG, BRIAN K	4045 PECOS STREET		DENVER CO	
MGRM	BOBB, CHARLES A	P.O. BOX 3311		WINTER PARK CO	
MGRM	CBK COMMUNICATIONS, LL	3246 GRANDVIEW DRIVE		GREELEY CO	
					
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.					
<b>SIGNATURE</b>		4/2/99 (303) 768-0990 X105			