File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE. LIMITED LIABILITY COMPANY FLORIDA DEPARTMENT OF STATE Katherine Harris FILED ANNUAL REPORT Secretary of State 1999 **DIVISION OF CORPORATIONS** 99 APR 14 PH 1: 18 FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee \$ 188.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE TALLAHASSEE, FLORIDA **DOCUMENT # M98000001114** 1a. Principal Place of Business Address SILVER FOX PRODUCTIONS, LTD. L.L.C. 8056 OAKLAND PLACE, SUITE B 8056 OAKLAND PLACE, SUITE B ORLANDO FL 32819 ORLANDO FL 32819 2 Principal Place of Business 2a. Mailing Address 3. Date Organized or Qualified 3a. State of Formation AS ABOVE ABOVE 09/30/1998 NV Suite, Apt. #, etc Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State 59-3526369 Not Applicable 5. Date of Last Report 6 Certificate of Status Desired Zip Country Country \$8.75 Additional Fee Required 7. Name and Address of Current Registered Agent 8. Name and Address of New Registered Agent/Office BEVERLIN, MAX 8052 OAKLAND PLACE Street Address (P.O. Box Number is Not Acceptable) ORLANDO FL 32819 Suite, Apt. #, etc. 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 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. Thereby accept the appointment as registered agent, and accept the obligations. SIGNATURE 10. Title Managing Members/Managers **Business Street Address** City, State and Zip Code MGRM BALLINGER, DAVID A 8056 OAKLAND PLACE ORLANDO FL 200002848522---04/23/99--01006--015 ****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 fimited liability company or the receiver or trus. The monager of the execute this report as required by Chapter 898, Florida Statutes, 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 fimited liability company or the receiver or trus. attachment with an address. SIGNATURE:

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