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 ST Katherine Harris						FILED SECRETARY OF STATE DIVISION OF CORPORATIONS			
	Secretary of State DIVISION OF CORPORATIONS			99 APR 22 PM 2: 13					
FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee \$ 188.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE									
1. Name and Mailing Address of Limited Liability Company DOCUMENT # M98000001478					01478				
KIDSWORLD MULTIMEDIA, LLC 1504 S.W. 13TH COURT FT. LAUDERDALE FL 33312						1a. Principal Place of Business Address 1504 S.W. 13TH COURT FT. LAUDERDALE FL 33312			
2 Principal Place of Business 2a. Ma			iling Address			3. Date Organize	ed or Qualified	3a. State of Formation	
Suite, Apt	. #, etc.	Suite, Ap	Suite, Apt. #, etc.			12/11/1998 MO 4. FEI Number			
City & Sta	te	City & State				36-4258075 Not Applicable			
Zip Country		Zip Couri		Countr	у	1		6. Certificate of Status Desired 88 75 Additional Fee Required	
	7. Name and Address of Curren	Registered	Agent		8. I	lame and Addres	s of New Regis	tered Agent/Office	
	Street Address (P.O. Box Nu Suite, Apt. #, etc. City Florida Statutes, the above-named limited liability comida Such change was authorized by affirmative vote of a			SAT	-04/27/9901038011 ****188.75 ****188.75 Zip Oode y submits this statement for the purpose of changing				
SIGNATURE (Registred Agril Decepting Agrici Intent) (HOTE: Registered Agrid signature required which tensor-by:									
10. Title			Business Street Address				City, State and Zip Code		
MGRM	BIRCH, JOHN T		1504 S.W. 13TH COURT			RT	FT. LAUDERDALE FL		
MGRM	PENELLO, CLAIRE S		358 LAKESIDE COURT			·	SUNRISE FL		
MGRM	BONURA, KEVIN	1732 CONGRESS AVE., #336			PALM SPRINGS FL				
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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 I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the samplegal effect as if made under oath, that I am a managing member or manager of the limited liability company or the receiver or trustee empore report 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: 4/20/99 954-389-6/35									