

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Mar 02, 1999 8:00 am
Secretary of State

03-02-1999 90121 030 ***150.00

PROFIT CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # H75052

1. Corporation Name
THE BOX WORLDWIDE, INC.

Principal Place of Business
 1221 COLLINS AVE
 MIAMI BEACH FL 33139
 US

Mailing Address
 1221 COLLINS AVE
 MIAMI BEACH FL 33139
 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
 21 Suite, Apt. #, etc. 22
 23 City & State
 24 Zip 25 Country

2a. Mailing Address
 26 Suite, Apt. #, etc. 27
 28 City & State
 29 Zip 30 Country

3. Date Incorporated or Qualified
09/10/1985

4. FEI Number
59-2605267

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution **\$5.00** May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax. Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WLMC REGISTERED AGENTS, INC.
 701 BRICKELL AVE SUITE 2000
 MIAMI FL 33131

81 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
 83
 84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation 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 the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	P <input checked="" type="checkbox"/> DELETE
NAME	MALONE, JOHN C
STREET ADDRESS	5619 DTC PKWY., TERRACE TWR. II
CITY-ST-ZIP	ENGLEWOOD CO 80111
TITLE	COD <input checked="" type="checkbox"/> DELETE
NAME	BENNETT, ROBERT R
STREET ADDRESS	% LIBERTY MEDIA; 8108 E. PRENTICE AVE.#500
CITY-ST-ZIP	ENGLEWOOD CO 80111
TITLE	D <input type="checkbox"/> DELETE
NAME	KOFF, DAVID B
STREET ADDRESS	1221 COLLINS AVE
CITY-ST-ZIP	MIAMI BEACH FL 33139
TITLE	VS <input checked="" type="checkbox"/> DELETE
NAME	CARR, WIMAN
STREET ADDRESS	% LIBERTY MEDIA; 8108 E. PRENTICE AVE.#500
CITY-ST-ZIP	ENGLEWOOD CO 80111
TITLE	D <input type="checkbox"/> DELETE
NAME	BENNETT, ROBERT R
STREET ADDRESS	1221 COLLINS AVE
CITY-ST-ZIP	MIAMI BEACH FL 33139
TITLE	D <input type="checkbox"/> DELETE
NAME	FISHER, DONNE F
STREET ADDRESS	1221 COLLINS AVE
CITY-ST-ZIP	MIAMI BEACH FL 33139

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Ppres CEO <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Alan McGlade
1.3 STREET ADDRESS	1221 Collins Ave. Miami Beach, FL 33139
1.4 CITY-ST-ZIP	
2.1 TITLE	EVP COO <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Luann M Hoffman
2.3 STREET ADDRESS	1221 Collins Ave.
2.4 CITY-ST-ZIP	Miami Beach, FL 33139
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	SVP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Paul Sartain
4.3 STREET ADDRESS	1221 Collins Ave
4.4 CITY-ST-ZIP	Miami Beach, FL 33139
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Luann M Hoffman **SIGNATURE REQUIRED** **Hoffman EVP | COO** 1/28/99 305-674-5000
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR E034 (1/98)